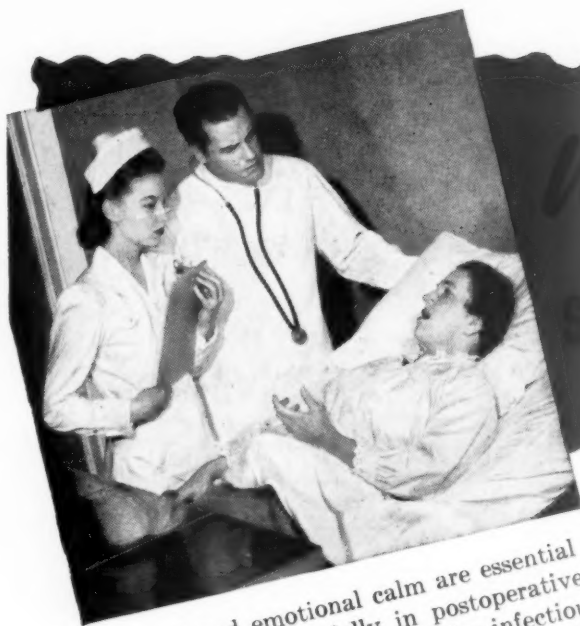


measuring
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YORK 17

RAW
Sept 1946



When
PRURITUS
SUPERVENES

REST and emotional calm are essential to rapid recovery, especially in postoperative patients and those recovering from major infectious disease. The advent of a distracting pruritic affection, such as pruritus vulvae or exacerbation of a chronic dermatosis, robs the patient of relaxation and sleep, increases psychomotor tension, and becomes apt to defeat the very purpose of hospitalization. Whenever pruritus supervenes, Calmitol is specifically indicated. Its antipruritic action is prompt; a single application affords relief of itching for hours. Calmitol enhances the efficacy of other indicated local therapy and contributes to more rapid recovery.

CALMITOL
THE DEPENDABLE ANTI-PRURITIC

Theo. Leeming & Co. Inc.
155 East 44th Street, New York 17, N. Y.

Calmitol stops itching by minimizing transmission of offending impulses from cutaneous receptors and end-organs. Bland and nonirritating, the ointment can safely be applied to any skin or mucous surface. Active ingredients: camphorated chloral, menthol, and hyoscyamine oleate. Calmitol Liquid, prepared with an alcohol-chloroform-ether vehicle, should be used only on unbroken skin areas.

RN

-A JOURNAL FOR NURSES

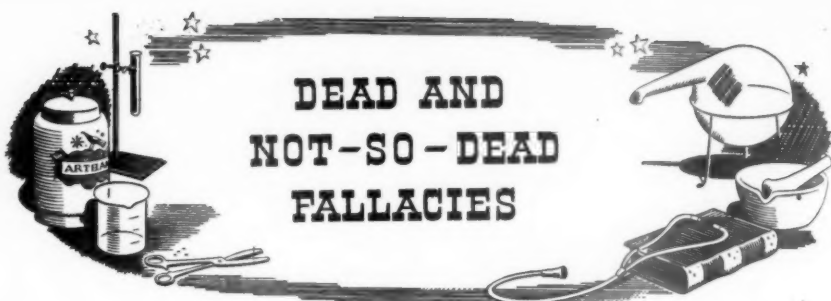
NIGHTINGALE PRESS, INC., RUTHERFORD, N. J.

Contents

SEPTEMBER 1946. VOL. 9, NO. 12

- 7 Debits and Credits
- 21 Science Shorts
- 29 Memo from the Editor
- 30 Nursing Needs to be More Democratic
Sol M. Cohen, F.R.C.S.
- 32 "No Time for Tears—"
Lora W. Hughes, R.N.
- 36 A World's-Eye View of Health
Elmira B. Wickenden, R.N.
- 38 "Operation Successful"
- 40 Hypertension
Jo Brown
- 42 A Brief Summary of Corneal Transplantation
Miriam Miller, M.D.
- 45 Reviewing the News
- 48 Preview of Tribute—The New National Nurses' Memorial
- 50 Some Legal Aspects of Nursing
Christine R. Kefauver, R.N.
- 53 Calling All Nurses
- 60 Books
- 64 Carbonated Beverages
- 85 Positions Available

Copyright 1946, Rutherford, N.J. Circulation over 100,000 registered nurses monthly. EDITOR: Dorothy Sutherland. ASSOCIATE: Anne M. Goodrich, R.N.; ART: Marjorie Pedretti.



A STY, according to an old belief, should be treated by having it licked by a dog. When this treatment failed, the patient might try striking it nine times with a tomato's tail, or rubbing it with a wedding ring.



STILL WIDESPREAD among people of this generation is the idea that canned foods should be cooked. This, of course, is not so—for, in the canning process, foods are thoroughly cooked. To serve, they need only be heated and seasoned to taste.



AMERICAN CAN COMPANY

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NO OTHER CONTAINER PROTECTS LIKE THE CAN

QUESTION—from a professional point of view

"THE QUESTION WHICH VITALLY INTERESTS all of us is whether we need to feel undue alarm from a health standpoint at the present-day scarcity in butter. In other words, need we be necessarily distressed not only for our adult population but especially for our growing children if the butter shortage continues over a prolonged period?"*

ANSWER—supported by research

"THE EXPERIMENTS I have just outlined reaffirm that fact that vitamin-fortified margarine and butter have a substantially equivalent nutritional value. They are supported by the conclusions of an entirely unprejudiced group, the committee on Public Health Relations of the New York Academy of Medicine who recommend in their report of 1 February 1943 as follows:

In order that the health of the population may not be impaired by the adoption of a diet insufficient in fats and fat-soluble vitamins, the Committee recommends that the manufacture, distribution, and consumption of oleomargarine be encouraged . . ."

**NOTE: The above quotations are from an article by Harry J. Deuel, Jr., University of Southern California School of Medicine, which appeared in SCIENCE, February 15, 1946, pages 183-7. We believe you will find the entire article rewarding reading.*

EVIDENCE—in lay experience



Photographs of the children at left, taken at two stages of their growing years, are from the album of the Loveland family. Mrs. Loveland is typical of thousands of modern mothers who have found Nucoa an aid to planning nutritious family meals. She has used it regularly, on the table and in cooking, for about ten years.

NUCOA, America's leading margarine, was the first to add Vitamin A and the first to guarantee 15,000 U.S.P. units of this important vitamin in every delicious pound. Try Nucoa at *your* table. Its fine flavor, delicacy of texture and superb freshness will give you confidence in encouraging wider use of margarine for real enjoyment as well as nutritional benefit.



nutritious NUCOA

OW WITH 15,000 U.S.P. UNITS OF VITAMIN A



RELIEF IN

NEURALGIA

Recent pharmacologic studies show that counter-irritants not only increase the local blood supply through reflex action, but tend to modify internal pathology by affecting trophic or vasomotor nerves supplying these remote tissues. Thus, again is the value of an effective counter-irritant

such as MINIT-RUB affirmed in relief of uncomplicated neuralgias.

MINIT-RUB acts speedily to give rapid relief from the wearing pain of neuralgia—pain which impedes success in the treatment of the condition itself. As an adjuvant to treatment, home massage with MINIT-RUB between office visits is suggested to make the patient easier—more responsive.

RECOMMEND SUPPLEMENTARY HOME MASSAGE

WITH MINIT-RUB

TO YOUR NEURALGIC PATIENTS

THE MODERN RUB-IN

STAINLESS • GREASELESS • VANISHING

A Product of Bristol-Myers, 19RN W. 50th St., New York 20, N.Y.





The doctor makes his rounds

● Wherever he goes, he is welcome . . . his life is dedicated to serving others. Not all his calls are associated with illness. He is often friend and counselor . . . he is present when life begins, watches it flourish and develop. His satisfactions in life are reflected in the smiling faces of youngsters like this one above, and of countless others whom he has long attended.

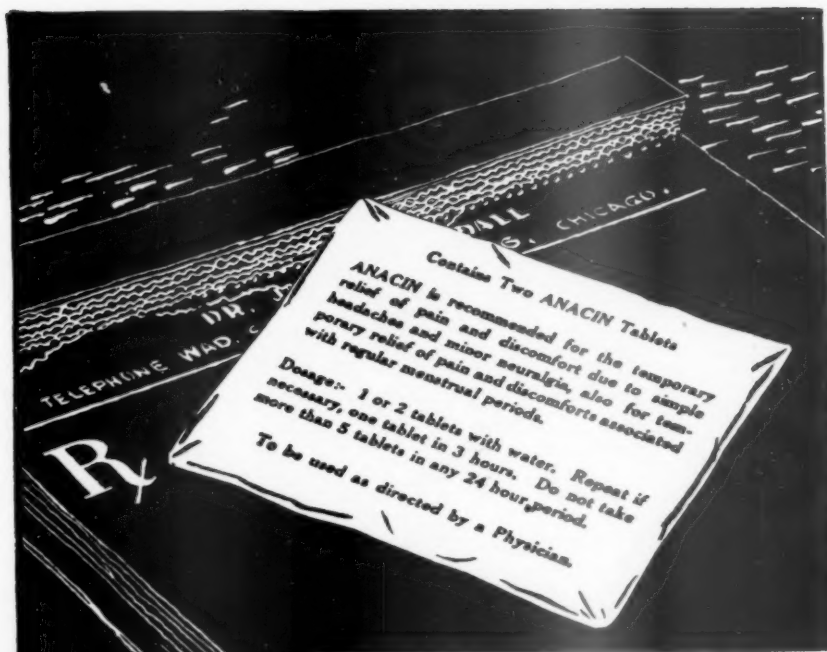
Yes, the doctor represents an honored profession . . . his professional reputation and his record of service are cherished possessions.



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Labor Gains

Dear Editor:

Your July issue carried an article entitled "Public Health Gains in California." You will be interested in other economic gains made by nurses not mentioned in the article.

The Oakland City Health Department nurses' gains were obtained by membership in the C.I.O. The usual techniques of research, presentation of facts and persuasion were used. The salaries approved as of August 1, 1946 are:

Title	Requested Salary	Salary Granted
Graduate nurse	\$200-\$230	\$190-\$230
Public Health nurse	230- 275	220- 260
Supervising nurse	285- 375	250- 290
Director	400- 550	345- 405

The City of Los Angeles secured their salary schedule on February 1, 1946. Their raises . . . were a factor in all economic gains made by public health nurses since that time. Their gains were obtained through the combined efforts of the Health Officer, the District Nurses' Association, the All City Employees' Asso-

ciation, the League of Women Voters, and the California Federation of Women's Clubs.

Their schedule as of February 1, 1946 is as follows:

Title	Salary Granted
Clinic nurse	\$173-\$211
Public Health nurse	211- 259
Public Health supervisor	246- 303
Instructor	259- 319
Assistant Director	288- 355
Director	337- 417

BERNICE JORDAN, R.N.
C.I.O., Local 309
United Public Workers
of America
OAKLAND, CALIF.

R.N.'s in Fiction

Dear Editor:

I am writing a book centered on the portrayal of nurses in fiction and would appreciate any assistance your readers might give me. Being nurses, they no doubt have been interested in fictional nurse characters in stories, novels or plays who have been presented in a particular light.

The thing I am especially interested in is finding some novels in which the author has made a *serious* attempt to portray the nurse, to pre-

THIS AMAZING NEW

OFFERS A QUICKER, EASIER

How to Use Surgitube

1. Pull one end over extremity, twist bandage a half turn, then...

2. open free end of bandage and...

3. double back over first part, then...

4. bring ends of bandage together, apply adhesive tape to hold in place.

Surgitube is the new seamless, tubular, gauze fabric bandage, applied with amazing economy of both time and material and neatly hugging contours of all extremities without binding and without bulk. It is available in five sizes to assure perfect conformity in dressings for fingers, toes, hands, feet, arms, legs, breasts, and head.

A patented technique gives Surgitube the high degree of elasticity and adaptability that make both application and removal quick and easy, without any special training.

In most cases, Surgitube not only makes a more suitable bandage, but saves up to 80% in fabric consumption as compared with ordinary gauze bandage! It has been used with completely satisfactory results for more than four years in civil, industrial, and government hospitals; by surgeons, physicians, podiatrists, chiropodists, and nurses.



For Toes — Old style flat gauze bandage



For Fingers — Bulky old style

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EASY TO BANDAGE EXTREMITIES

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Greater Comfort, Freer Action, Better Appearance for the patient, now that Surgitube is here to take the place of awkward, bulky bandages for fingers and toes. The danger of complications from friction, binding, and slipping is eliminated with the use of streamlined, perfectly anchored Surgitube bandages. The resulting compactness of Surgi-

tube bandages permits foot and toe dressings without the need of cutting shoes; also hand, arm and leg dressings which permit use of customary clothing. *Write for samples.*

Manufactured only by

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New York 61, New York

Sole owners U. S. A. Patents and Trade Marks

Surgitube is distributed through leading Surgical Supply Dealers

**A Twist
and it fits**

**Surgitube
Leg Bandage**

**Surgitube
Knee
Bandage**

**Surgitube
Foot and
Ankle
Bandage**

**Surgitube
Ankle
Bandage**

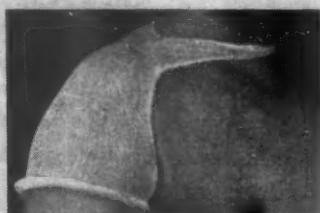
**Surgitube
Foot
Bandage**

**Surgitube
Breast Bandage**

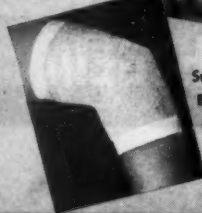
**Surgitube
Elbow
Bandage**



Surgitube Head Bandage



Surgitube Shoulder Bandage



SEE THE IMPROVED HYGEIA NURSING UNIT

- Easy to clean.
- Fewer parts to handle—just bottle, nipple and cap.
- When bottles are filled, only necessary to remove cap at feeding time.
- Sterilized cap makes handy container for baby's other foods.

CAP . . . Keeps nipple germ-free for storing or out-of-home feeding. Sterilized cap may be used for orange juice, cereals, etc.

NIPPLE . . . Famous breast-shaped nipple has a patented airvent to insure steady flow of formula and reduce "windsucking." Sanitary tab keeps nipple sterile when applying. Not necessary to touch the feeding surfaces of nipple.

BOTTLE . . . Wide mouth—easy to clean—no funnel required for filling. Red measuring scale easy to read. Tapered shape makes it easier for baby to hold.

Send for this illustrated folder on the care and use of Hygeia Nursing Bottles and equipment. Extra copies gladly furnished upon request.

**HYGEIA NURSING BOTTLE CO., INC.,
BUFFALO 9, N. Y.**



**HYGEIA NURSING BOTTLES
NIPPLES WITH CAPS**

Sold complete as illustrated, or parts separately.

sent her problems, and to show how she solves them.

Many of the modern novels seem rather shallow to me and the nurses in them seem to be more types than individuals. In many of the stories I have read, the nurse could just as well have been a stenographer or a waitress as far as the story and her influence on the other characters around her were concerned. So far, too, I have found some of the pictures of nurses to be so far fetched as to be positively ridiculous.

In addition to the references your readers might be kind enough to send, I would also be pleased to receive their opinions of specific books which they may have read which have dealt with nurses. It would seem logical that nurses would be the best judges of books having nurses as the main characters.

WILLIAM SEREY POWELL
326 NORTH BOULEVARD
HUNTINGTON, W.VA.

[R.N.'s readers are urged to assist Mr. Powell. Accurate portrayal of the profession in fiction as well as in factual writing is vital to public understanding of nurses and their problems.—THE EDITORS.]

Polio

Dear Editor:

Miss Suchomel's article, "Nursing the Poliomyelitis Patient at Home," [R.N., July], makes no mention of the assistance available to poliomyelitis patients from State crippled children services. Each of the 48 States, the Territories of Hawaii and



The kid with a four-leaf clover

He's one of one million, seven hundred thousand 4-H members — junior citizens with a job to do, a will to learn, and a warm, quick answer for that old question, "What's the younger generation coming to?"

They could tell you about the boy — with a single calf as a start — who built a flourishing dairy business and a \$20,000 stake by the time he reached eighteen. Or the girl who sewed 241 garments while she "grew up"!

Behind such youngsters and their success is a four-leaf clover symbol which signifies *head, heart, hands, health*. It's the emblem of the 4-H Club, and to young folks on farms everywhere, it brings something far more than luck. It brings them *equipment for living*.

The real value of 4-H Club work is not, indeed, to be reckoned in dollars and cents, nor even in immediate results. It lies in the development of new leaders for the nation's

future. We at National Dairy are proud to salute those who choose dairying as a life's endeavor, especially now when greater milk production is a challenging need. Here is opportunity for Youth in towns and cities, too.

Dedicated to the wider use and better understanding of dairy products as human food . . . as a base for the development of new products and materials . . . as a source of health and enduring progress on the farms and in the towns and cities of America.



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THE
R. N.
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BRACELET

A very lovely, daintily feminine bracelet for wear on any occasion. Made of sterling silver, gold-plated, with the R. N. insignia of blue and gold on white baked enamel lending a touch of color. \$5.00 complete.



THE
IDENTI-
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BRACELET

A rugged, identification type, specially designed R. N. bracelet, made of sterling silver. The caduceus is in gold-plated raised relief and the R. N. letters are of hard-fired enamel in blue. \$6.50 complete.

These bracelets are offered to graduate professional nurses only. It is unlawful for any other nurse to wear them.

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Gentlemen: Send me the following:

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☐ Enclosed is remittance. (No C.O.D.'s)

If I am not greatly pleased with these bracelets you are to refund me instantly.

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Address _____

City & State _____

Registration Number _____

Alaska, possess an official State agency concerned with the care of all physically handicapped children under 21 years of age. This is the age group in which the incidence of poliomyelitis is most prevalent. The official agency may be a division of the State Health Department, the Welfare Department, Education Department, the State University, or of a separate commission but all do provide financial assistance in cases of need.

Orthopedic nursing consultant services are made available by the State agency, in most of the States, to individuals, families, physicians, nurses, or communities. Families may request assistance from them in the home care of poliomyelitis patients. Educational programs, demonstrations, and consultant services are available to the local doctors, nurses, and communities. Physical therapy service is also offered by some of the States.

All nurses should know their State crippled children agency and make use of its available resources to aid the poliomyelitis patient.

JESSIE F. WADDELL, R.N.
Michigan Crippled Children Commission
LANSING, MICH.

Tribute

Dear Editor:

I recently had the pleasure of reading your February issue and was delighted with what it offered, especially the "Anzio Remembered" article. After I had finished the book

Introducing a new treatment for

COMMON EYE INFECTIONS

Sodium sulfacetimide is the only sulfonamide which can be dissolved to a concentration as high as 30 per cent at physiologic pH.

It is, therefore, both surpassingly bacteriostatic against a wide variety of organisms and virtually non-irritating—attributes which make it an especially valuable topical chemotherapeutic agent for prophylaxis and treatment of infections of delicate ocular tissues.

SODIUM SULFACETIMIDE SOLUTION

30% has marked and rapid penetrating powers when applied locally in the form of eyedrops, reaching a high concentration in the cornea and conjunctiva within five minutes.

SODIUM SULFACETIMIDE

SOLUTION 30% (Sodium SULAMYD)

is indicated for the local treatment of acute infectious conjunctivitis, acute corneal ulcer, acute blepharconjunctivitis, hypopyon keratitis and for prophylaxis following foreign body injuries and abrasions of the cornea and conjunctiva.

Dosage: One drop placed in the affected eye every two to four hours. Available on prescription in 15 cc. amber, eyedropper bottles.

Trade-Mark SULAMYD—Reg. U.S. Pat. Off.



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Babies instinctively take to Evenflo because it nurses naturally and they can finish their bottles without struggling to get food. A pin-hole valve in the base of the Evenflo Nipple admits air as food is withdrawn, thus eliminating the vacuum. Mothers like Evenflo for its better nursing action and also because the self-contained unit saves time and is easier to use.

Complete Evenflo Nurers are 25c at baby shops, drug and dept. stores. Separate nipple, bottle or cap 10c each.

The Pyramid Rubber Co.
Ravenna, Ohio



Nipple down.
Bottle sealed.



Nipple up
for feeding.

I gave it to a friend, a veteran who was wounded on the Anzio Beach-head.

Here is a poem I have written
"To an R.N.:

"There's a girl in every city hospital.

To her patients she stands upon a height.

She never wears a halo,
But she's always dressed in white.
A helping hand when there is pain,
An aid in time of woe,
A gentle word to ease the sick,
She's tender as a doe.

By day she soothes the injured,
After the surgeon has had his show.

She has a hand in nursing wounded

Whether fractured skull or battered toe.

By night she walks in quiet halls
When all men are asleep,
But from her you don't hear a single sound;

She feels her work, soul deep."

JAMES H. STAPLETON, JR.

MAPLEWOOD, N.J.

Nurse Vets

Dear Editor:

Thank you for planting such a timely seed in your February "Memo from the Editor." I have read and enjoyed *R.N.* since my graduation in 1938, but this editorial tops them all.

It has been one of my fondest hopes to be a member of an organized group of Nurse Veterans of World War II. Many nurses, my acquaintances in the service, have expressed the same hope during nu-

Test...
Inspect...
and
Test *again...*



It takes more time and effort to make anything better. Bayer Aspirin goes through seventy different tests and inspections to insure its quality, purity, uniformity, and fast disintegration.

BAYER ASPIRIN

***When Disease
Is Defeated***

And
CONVALESCENCE
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PROBLEM

GRAY'S COMPOUND will give the "Bitter Tonic" stimulation of the appetite and improvement of food assimilation the doctor's patient will require to speed his way back to health. Its carminative effect will help relieve the flatulence due to inaction, and make for greater comfort.

GRAY'S COMPOUND

has for years been a reliable aid to the physician in treating the vague symptoms of the Aged, the Rundown and Overworked patients and Growing Children.

INGREDIENTS: Extracts Gentian and Dandelion, Glycerine, Wine, Phosphoric Acid, Tr. Cardamom Comp., and aromatic elixir syrup.

**The
Purdue**



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Co.**

135 Christopher Street,
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Also Compounders of HYPEROL for Utero-Ovarian irregularities.

merous "bull-sessions" in which took an active part. The one hue and cry seems to be for uniform standards among all the States, for State licensing of nurses or a national examination which could be taken in lieu of the single State examination. If a standard national examination were available, the States could lower their sometimes atrocious reciprocity fees, and nurses could move from State to State without infringing on "States Rights."

The war has given nurses a broader horizon and not many of us will be content to settle back into the ruts from which we emerged when the call came. Nurse veterans could put uniform licensing laws across if they were organized.

At present I am still in the service but expect to be out soon. My sister, a recently discharged Army nurse, feels as I do about the nursing situation. We would gladly rout out a chapter of "G. I. Nightingales" in our city.

1ST LIEUT., A.N.C.
OMAHA, NEB.

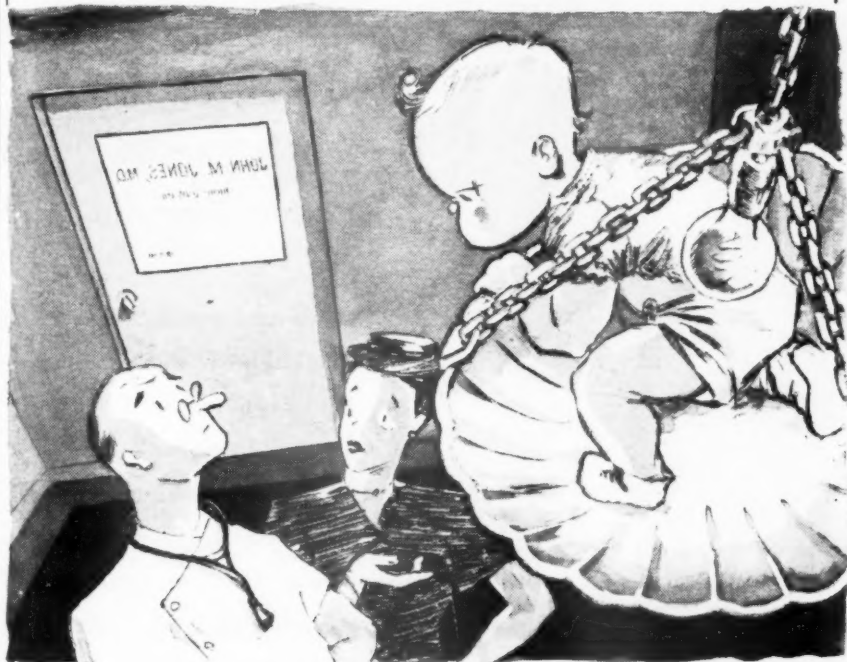
Nurse Clinic

Dear Editor:

I fully endorse the idea of a clinic for nurses supported by A.N.A. funds which was suggested in the July issue by one of your readers. However, a separate clinic would be difficult to establish. Why couldn't the A.N.A. use the facilities of some well established private hospital?

O. SIMONOFF, R.N.
NEW YORK, N.Y.

**"He won't come down
till we promise to use D-P-T!"**



**Precocious kid—to know why
Cutter's combined vaccine
provides better protection.**

Practically *everyone* knows today that Cutter D-P-T offers three distinct advantages in protecting against diphtheria, pertussis and tetanus.

1. Pertussis organisms in D-P-T are grown on *human blood media*. Each cc. contains 40 billion such organisms, all proved Phase I.
2. Diphtheria and tetanus toxoids are so purified that each cc. contains *far more* than a single human dose.
3. Extremely high pertussis count, together with purified toxoids, yields a vaccine so concentrated that your dosage schedule with D-P-T is only 0.5 cc., 1 cc., 1 cc. And protection is at least as great as when each antigen is given alone.

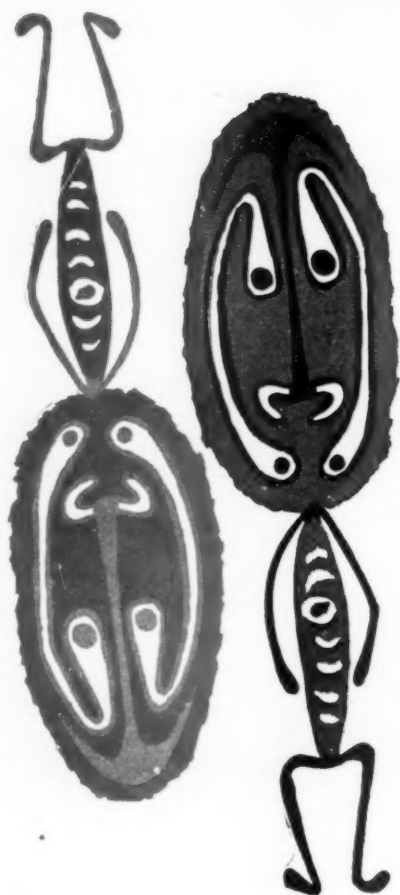
Even more effective is D-P-T (Alkhydrox). It presents less pain on injection than alum precipitated vaccines and also establishes better immunity levels. Persistent nodules and sterile abscesses are rare, rather than an expected contingency.

If you haven't enjoyed the advantages of D-P-T in your practice, try it soon, won't you? Your pharmacist can supply you.

Cutter Laboratories, Berkeley, California
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Fine Biologicals and
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malignancy incognito?

There is *no* danger with 'Anusol'* Hemorrhoidal Suppositories that the symptoms of serious rectal pathology will be masked—for 'Anusol' Hemorrhoidal Suppositories contain no narcotics, no anesthetics. The nerves of the rectal region are not anesthetized, thus permitting continued function of sensory warning mechanisms. 'Anusol' Hemorrhoidal Suppositories achieve relief of symptoms *safely*, by means of decongestion, lubrication and protection.

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Available in boxes of
6 and 12 suppositories

Hemorrhoidal Suppositories

HOORAY! FRESH
STOPS MY PER-
SPIRATION WORRIES
COMPLETELY!

AND FRESH IS SO
PLEASANT TO USE.
IT DOESN'T DRY
OUT IN THE JAR!



New antiseptic cream deodorant stops perspiration worries completely... doesn't dry out in the jar!

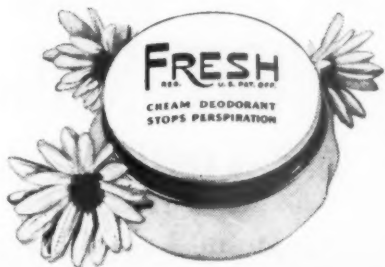
FRESH contains the most effective perspiration-stopping ingredient known to science.

FRESH is a smooth cream that doesn't dry out in the jar. It

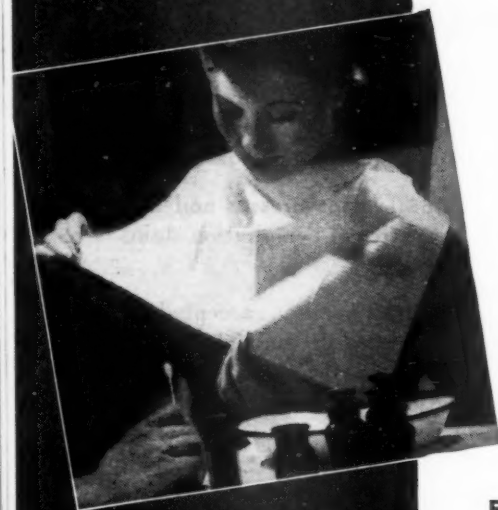
is never greasy. Never gritty. Never sticky. Usable right down to the bottom of the jar.

FRESH keeps dresses and uniforms free of perspiration stains and odor.

FRESH is gentle... accepted for advertising in the publications of the American Medical Association.



50¢ • 25¢ • 10¢



Cost Less

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TO MANY USES

J & J Professional Towels provide individual service appreciated by the patient. Made with "Masslinn*", the unique non-woven cotton fabric developed by Johnson & Johnson, they are amazingly soft and absorbent. Economical too—use once, then throw away—no laundry bills.

TYPICAL PROFESSIONAL USES:

- *Hand Towel.*
- *On examining tables and instrument trays.*
- *Wiping instruments after use.*
- *Wrapping instruments for sterilization.*
- *To remove ointments or pastes.*
- *To protect patients' clothing during eye, ear, nose or throat work.*
- *On baby scales.*
- *Beneath arm during phlebotomy.*
- *Colostomy dressings.*

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NEW BRUNSWICK, N. J. CHICAGO, ILL.

**DISPOSABLE
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TOWELS**

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Science Shorts

Rate of growth of children tends to balance itself before adult life is reached, according to Dr. Nancy Bayley of the University of California. She has found that fast growing children generally slow down and become small adults, while those who grow slowly continue their growth over a longer period of time to become tall adults.

A new compact food which contains all the essential amounts of proteins, carbohydrates, minerals, and vitamins has been developed at Fordham University.

A specific color reaction occurs when sulfuric acid is added to pregnandiol extracted from the urine of pregnant women. It has been established as a successful method of determining the prognosis of threatened abortions.

One out of every four veterans of World War II has filed a claim for a disability pension.

A report in the *Military Surgeon* describes a new operative procedure for the relief of patellar bursitis under procaine anesthesia. A linear incision is centered directly over the bursa, the bursa is dissected out,

and the skin overlying in the area formerly occupied by the bursa is matted down to the deeper structures with sutures placed over buttons, so that adequate traction can be applied.

Three million babies were born in the U.S.A. during 1945.

People in airplanes at high altitudes tend to grind their teeth and loosen fillings, according to the American Dental Association. Biting force at high altitudes is greater because of a higher threshold of pain.

Dr. Harlow Shapley, Harvard astronomer, says that Americans spend an estimated \$100,000,000 a year for flowers for funerals against \$5,000,000 for medical research.

Captain Ashley Pond of the Army Medical Corps emphasizes the importance of properly fitted shoes in the correction of static foot disorders. He recommends corrective walking and standing exercises in addition to adequate shoe supports.

A report in the Lancet tells of the reduction in cross-infection among burn cases when the surgical dressing rooms had a forced ventilation

Do children need a special laxative?

THE laxative that harbors potential harm for the child, is no less unsafe for the adult. The intestinal tract of the adult and child respond to medication in a similar way.

Research has singled out phenolphthalein as the laxative suitable for adults and children alike, when the dose is regulated to the needs of the individual. In Ex-Lax, furthermore, the unusual therapeutic properties of phenolphthalein are enhanced by truly exceptional palatability.

Mildness, freedom from disturbing by-effects, negligible toxicity, and a fine chocolate taste have earned for Ex-Lax preference for the relief of constipation during pregnancy and lactation, and for children. No more exacting test can be devised for the efficiency, suitability and safety of a therapeutic product.

The adult dose of Ex-Lax is one or two tablets. Proportionately large doses are well tolerated by children.

An informative booklet, "*What Modern Research Has Found Out About Phenolphthalein*," and a trial supply of Ex-Lax will be gladly sent to nurses with our compliments. Our pharmacological and chemical research staff will be glad to answer any questions you may wish to ask.

EX-LAX, INC.
423 Atlantic Ave., Brooklyn 17, N.Y.

system installed, completely changing the air 20 times per hour.

The *Eye, Ear, Nose and Throat Monthly* describes the more convenient intranasal approach to the nasal-lacrimal duct in a tearsac operation. The method is logical inasmuch as 85 per cent of all obstructions of the lacrimal duct occur in the nasal passage. This operative procedure has been almost 100 per cent successful.

An analysis of 926 cases of jaundice showed that 52 per cent were due to cholelithiasis and only 5 per cent to cirrhosis of the liver.

Of all patients admitted to the Exhaustion centers of one U.S. Army in France, 12 to 15 per cent were diagnosed as hysteria cases. Eighty-seven per cent of these were privates between the ages of 18 and 30 with high school education.

Forty per cent of deafened Navy, Coast Guard, and Marine personnel were found to have had their aural defects prior to entrance into service.

Patients with advanced cases of acne rosacea may be cured surgically. The involved skin is removed, leaving normal vascular tissue capable of nourishing a free skin graft, according to a report in the *Rocky Mountain Medical Journal*.

A report in the *Journal of the Missouri Medical Association* tells of six

The "INSIDE STORY" of Food in Cans

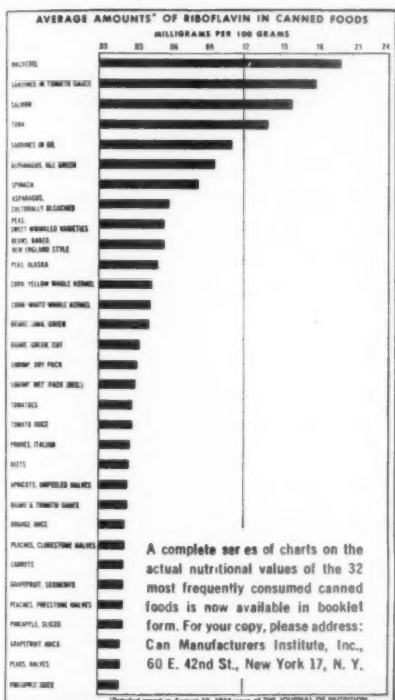


Chart on the left shows average net values for riboflavin content of 32 different types of canned foods.

As you know, the vitamin figures generally quoted in nutrition tables are *gross* figures for raw, *uncooked* foods. Such figures are subject to widely varying deductions for losses occurring in transit from field to market, to kitchen, and in home preparation. The fact that the riboflavin values quoted for foods in cans are *net*, on-the-table values, is of great nutritional significance.

We know that in order to instill complete confidence in the nutritional values of foods packed in cans, their values must receive wide recommendation. Quite frankly, we realize that these recommendations, in order to carry real weight with the public, must come from leaders in professional fields. We sincerely request your support.

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and they all come to you in cans!



No Other Container Protects Like the Can

Now! A NEW, BETTER, WHITER --- EnerGINE Shoe White!

Here it is—the wonderful new, whiter EnerGINE Shoe White you've been waiting for! Actually makes dirt and smudges disappear—and, at the same time—whitens your shoes beautifully, with a fleecy white finish that's uniform from toe to heel!

Try this new, improved, whiter EnerGINE Shoe White—and see for yourself what it does for your shoes! It's easy to use, goes on in a jiffy, and there's nothing that stays on better! Get the big bottle today.

Remember—EnerGINE Shoe White does two things at the same time:

*Cleans
as it
Whitens!*



cases of dermatitis resulting from exposure to DDT. Successful treatment was reported using ascorbic acid intravenously.

The *Medical Woman's Journal* reports the influence of hormones in improving bone growth and development. Of 81 glandularly-deficient children who received hormones, all showed improvement in growth rate, as well as in mental and emotional stability after treatment.

Improper use of industrial solvents accounts for 7.8 per cent of all occupational dermatitis.

The *Journal of the American Medical Association* reports a rise in occupational cancer following industrial exposure to various chemicals. Cancers of the bronchi and lung have been traced to exposure to arsenicals, chromates, tar, asbestos, and radioactive substances. Tar has also accounted for cancer of the lip, and cancers of the bladder and kidney have followed occupational exposures to aromatic amines such as benzidine and aniline.

New York City's voluntary hospitals report that in 1945 hospital wards were 30 per cent empty, while semi-private units were 94.5 per cent occupied.

An article in *Occupational Therapy and Rehabilitation* describes a plastic tube with a mouthpiece at one end and a small rubber sponge on the other which has been de-

Better physical management OF MENSTRUAL HYGIENE

TAMPAX, functionally correct *internal* menstrual guard, eliminates the physical objections to (and discomforts of) the older type of protective device . . . because . . . *its unique functional design* assures comfort in use—affords adequate protection—and precludes disintegration in situ; . . . *its small cross section* renders insertion and removal so easy—and carrying and disposal no problem at all; and . . . *its intravaginal application* eliminates odor, chafing and perineal irritation—permitting fuller enjoyment of sports and social functions without discomfort from belts, pins, and bulky pads . . . Available in three absorbencies: Regular, Super and Junior to fit individual requirements. The coupon below is for your convenience.

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PALMER, MASSACHUSETTS

RN-96

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Swabs are Safe!"**



STERILIZED

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Double-tipped SWABS

25¢

45¢

Q-Tips Inc., N.Y.

veloped to assist respirator patients in turning pages when reading.

During the war, more than two persons in the United States died from tuberculosis for every three who died in combat.

Three doctors in the U.S. Public Health Service feel that the drug pyridoxine merits further study as a treatment for aplastic anemia. They base their recommendations on their study of three cases of the disease which occurred after exposure to TNT.

According to a War Department report, New York State suffered the most casualties in World War II.

A simple test for evaluation of fatigue is presented in *Occupational Medicine*. The test consists of holding arms extended horizontally to the sides, at shoulder level, for a period of seven minutes, if possible. A patient is considered capable of at least average effort if an aching does not occur in the shoulders before the completion of two minutes, if arms do not have tremors before three minutes, if his fingers do not have tremors before four minutes, if his thighs do not have tremors before five minutes, and if evident struggle is not present before five minutes.

Lysozyme, an antibiotic substance found in saliva and tears, is reported as a cure for infantile diarrhea.

Of Special Interest to Registered Nurses



Amazing New Antiseptic Deodorant Actually Checks Perspiration—Yet is *Safe for Skin!*

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Stops Odor!**

NO EMBARRASSMENT
—WITH COLGATE'S VETO!

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Perspiration!**

VETO KEEPS YOU WELL-
GROOMED, DAINTY!

★ **Safe for
Skin!**

COLGATE'S VETO
IS ANTISEPTIC

★ **Safe for
Clothes!**

NO ROTTED DRESSES—
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DOES NOT ROT CLOTHES...Because of Duratex, New Safety Ingredient Found Only in Veto!

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Memo from the Editor

IT IS BY THIS time no secret that the poor economy of being a nurse today is the largest single cause of the nurse shortage. It is also no secret that membership associations representing nurses realize at last that they must actively seek to improve salaries and living and working conditions. The acceptable method is collective bargaining—

While this copy of *R.N.* is in the mails, the A.N.A. Biennial, in session in Atlantic City, is featuring a round table on collective bargaining. Later, the national association expects to appoint specialists on this difficult subject to tour the States and to coach local nurses. Although individual States must themselves decide whether or not to act as bargaining agents for nurses, the A.N.A. will recommend that they do so and offer advice and guidance from national headquarters. Thus, A.N.A. members, through appointed representatives or elected officers, will have a chance to deal with hospitals for a better deal for nurses.

Meanwhile, both C.I.O. and A.F. of L. are renewing nationwide drives to recruit nurse members. Now the labor unions are by no means novices in the art of bargaining collectively. They gave birth to the technique long before A.N.A. legitimized it for nursing. The unions say they will get more money for nurses than the A.N.A. does, whatever A.N.A. achieves.

A word of caution, therefore, to both groups. Do not compete with one another for some astronomical figure which the hospitals cannot meet. Remember, you are trying to help *R.N.s.*, not to force them into the luxury wage class from which they will be gradually eased out of jobs by partly trained, willing, and much less expensive practical nurses.

Nursing



Needs to Be More Democratic

by Sol M. Cohen, F. R. C. S.

BRITAIN'S RECENT NURSING charter is an attempt to attract nurses into the profession by dangling in front of them prospects of greater salaries and increased social amenities. These are in themselves commendable, but in my talks with large numbers of nurses and sisters I have been impressed with the fact that they all feel that it is not the money which keeps the average girl from joining the profession. They don't even mind the discipline; women, in fact, seem to enjoy discipline; they have entered with great zest into the marching and drilling and routine disciplined life of the Services. But they fear, in nursing, the cold unsympathetic acceptance of their aid by doctors and sisters: they are not welcomed in the true sense as part of a team. The very fact that the nurses do not urge their own sisters and school colleagues to join the profession is our clearest evidence of their dissatisfaction with their work.

I contend that doctors are much to blame for the present conditions. But the nursing profession, has its share of the blame too.

I believe that a doctor in a ward should know his nurses' names, just as the chief in the teaching hospital

knows his ward clerks. Nurses will feel that an interest is being taken in them, that their work is appreciated; and it will give them a desire to excel.

We doctors seldom bother to discuss with the nursing staff our proposed regime of treatment for the patient, or to explain how we have arrived at our decisions. We treat them very much as if they were fools, incapable of understanding, merely there to take orders and not to question them. Our attitude is aloof, and our decisions are wrapped in mystery, as if we were inspired or superlatively clever. They are not admitted as true colleagues, presumably inter-



ested in the welfare of the case. Of course, this habit has spread to our treatment of the patients themselves, and there has recently been a timely outcry against the growing practice of avoiding discussion or sensible explanation to the patient about his troubles.

Nothing will fortify a patient more for his gastrectomy or other abdominal operation than the reassurance of the nurse as she prepares him; but her talk must be founded on knowledge, otherwise it is deceitful bluff or prattle. Yet how little we tell the nurses!

The nurse, like the doctor in training, needs teaching at the bedside. Senses, to become sensible, need the



regular discipline of constant clinical teaching. Systematic teaching is something apart. The nurses have a legitimate grouse here too when they say that many of their medical teachers show apathy and lack of interest. Lecturing, particularly on anatomy and physiology, is palmed off on busy junior medical officers, who regard it as a nuisance and thank heaven when it is over. They deliver dry-as-dust lectures, straight from the nurses' standard textbooks, with nothing to enliven them but an ancient anatomical chart, and the usual skeleton dangling in its cupboard. When nurses are learning anatomy, visits to anatomical departments and teaching on the cadaver are essential. Lectures on medicine and surgery need more up-to-date methods.

The nurses need to be taught more about the underlying principles of our treatment. For a nurse to insist effectively that a patient must not

smoke, she must know why smoking is forbidden and must be able to explain the reasons intelligently. We doctors seldom explain that point to the patient, as we should—but I need not confess to all our sins.

We must have a care in front of nurses. The doctor's life these days is busy, and bad habits and irritable moods grow like weeds on such a soil. The modern outpatient department, with its one great long rush, can be soul-destroying. The nurses find themselves used as valets handing the doctor his towels or other personal wants, and serving merely as a "standby" for female patients. They have no personal contact with the patient, there is rarely time to teach them anything, and they don't feel part of the team.

Some doctors have themselves to blame for much of their overwork. Outpatient medical staffs need to be larger and there are many willing to join the team if they are only given an opportunity.

Mere industry and accurate transcription of doctors' orders is not enough. Nurses must be kept abreast of current advances.

Finally, a busy life is apt to destroy tenderness and sensibility. We seem to be ashamed to show sentiment, and old-fashioned kindness is looked down on; to fear for the patient courts the rebuke of timidity. This is a time of stocktaking in human values. To the young nurse, a human personal approach to her patient is the very all: we must have a care not to blunt her natural tenderness. [Continued on page 70]



"No Time for Tears—"

An Interview with Lora W. Hughes, R.N.

by Ruth B. Scott, R. N.

IT HAS BEEN SAID that there is at least one good book in everyone. Even so, one usually looks to "name" people for autobiographies—ambassadors, actresses, explorers. And while such persons produce a continuous stream of books, a few of them are notably successful. All of which would seem to militate against the chances of a nurse—unknown to all but her associates—in crashing the literary sweepstakes. But that didn't bother Lora Wood Hughes. She had spent three score years and ten living her book, so she just sat down and wrote it.

Her autobiography, "No Time for Tears,"* has brought Mrs. Hughes the eighth Life-in-America award of \$2,500, much critical acclaim, and a complete sell-out of the first edition. Having grown to "know" her in the book, I journeyed to her home, Folly-on-the-Shore, on Puget Sound, near Harper, Wash. (If you are puzzled too, the name was suggested by an old Irish ballad, "Molly on the Shore.") And I found Mrs. Hughes to be just about what I'd expected. At 73, she has lost some of her physical vitality but none of her mental zest.

*Houghton Mifflin Company, Boston, 1946. \$3.

Her hair is white, but it has the thick, alive look of a much younger person's. She uses a reading glass, and her hearing sometimes plays her tricks, but she is still full of the humor (and humanity) of her book, and she still has her adventurous spirit. Was it half a century ago that she stood on a wharf with a "beau"?

I felt warm understanding for him. He had shipped out on freighters several times, and he painted pictures of Hawaii and South Sea Islands which filled my soul with yearning.

I told him how disappointing the ocean had been when I'd first seen it. "But now, when I go down on a dock and see ships and fishermen's nets and cargoes being loaded, and breathe in the waterfront smell, I love it more each time."

"It'd be a wonderful honeymoon trip—over to Hawaii." The smile in his brown eyes embarrassed me as he moved closer.

"I imagine it might," I replied matter-of-factly. "I want to see the Pyramids, too, and the Amazon and Westminster Abbey. Some day—! But first I'm going to be a nurse."

"Why pick such a hard life?"

"Because I like it. And I'll make good money besides to travel around

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R.N.

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Will, Ted, and Leslie were 10-year-old Lora's first "patients." At 73, she retains her early enthusiasms for nursing.



on. Do you know that the nurse the doctor sent to help right at the last, when our baby had pneumonia, was there only two days and she charged three dollars!"

Emory shook his head. "That's a lot of money. But think of all the things you could see just tramping around, in the time you'd spend training."

"That's all right," I laughed. "You can walk and swim your way around the world if you want to. I want something better."

Mrs. Hughes set out the things for coffee as the warm, salty, clam-chow-

der smell of low tide rolled in. Coffee (her book reveals) gave her great comfort throughout life and she won't give it up now. "Of course, it's not good for a person with high blood pressure. But I have no intention of dying, so three or four cups a day won't make any difference to me." We sat and ate our tunafish sandwiches (on home-made bread) and

gazed across the Sound toward Bremerton. No balloon barrages now and the ferry doesn't have to whistle to have the submarine nets opened each time it comes in. The coffee service was of beautiful old French porcelain. "Down from the shelf especially for you!" my hostess laughed.

"My book wasn't written at any one time," she went on. "I kept a diary for years and years, always planning to write about the patients I'd attended." But with her book still unwritten, fire destroyed the diary. Eventually, though, when illness put her to bed for a long period, she started to write—relying on old letters and notes and family records. Mostly, she relied on her marvelous memory. There was that first amputation case . . .

A leg severed above the knee is not a thing to wrap easily into a neat bun-

dle. I used half a dozen San Francisco Examiners before I felt halfway hopeful that the blood wouldn't soak through. It wasn't a great distance to the laboratory where it was to be left, and since no cars ran that way, I walked. The package got weightier and more awkward to handle every step. My keenness to cooperate in scientific research lost its zest as I plodded along, trying to keep my mind off the leg.

But I was horribly self-conscious. I imagine everyone I met stared at me. They'd believe me an ax-murderess disposing of the body in sections, if they guessed what was in that package. Then I began to wonder about Mrs. Prince. I remembered stories of people who'd suffered tortures in amputated members because they were buried in cramped position or dumped wrong side up. There was a

Probie



"Act mysterious."



neighbor who'd lost one finger. How often I'd seen her start to polish the nail on it! What might Mrs. Prince feel if her leg were carved up for research?



Later, in Honolulu, as a Government nurse, she contracted typhoid, nearly died. Happily on the mend, she lay in her hospital bed one bright morning—and noticed that her chart had been carelessly left on her bedside table. It would be all right for her to look at it, she thought; after all, she was a nurse. There were pages of the usual notations: "Temp. 103°-104°. Pulse 130. Very weak—thready—irregular." Appallingly frequent hemorrhages were noted. And then came the sinister notations: "Hypo. Mor. Sulp., $\frac{1}{4}$ grn." "Hypo. Mor. Sulp. $\frac{1}{2}$ grn." Many of them—too many. Even the night before she had been given "Codeine, $\frac{1}{4}$ grn."

Panic—deep, black, unreasoning panic. "How long does it take for the drug to get a grip on one?" Since she had known addicts, her horror was deep and real. The doctor came in, sensed something wrong, said: "I'm discontinuing the white tablets you've had at night to make you sleep." And he put down a bottle of medicine.

She flared up at him. "I'm not go-

ing to take one drop of medicine from that bottle! Now or any other time. You've been giving me morphine!"

I tried to be calm. "I'm not going to take it."

"Give her a hypo right away whether she wants it or not," Dr. O'Malley told the nurse as he left. She brought the hypo.

Then I did go to pieces. "Take it away! Take it away!" I screamed until they heard me clear out in the main hospital.

The nurse sat patiently by me for a while, needle ready. Then she started to slip away. "Don't go!" I cried, the thought of losing that relief was unendurable. "I'll take it!" But when she came back, I knew I must hold out—a little longer. I prayed for strength to resist it. All night I fought, alternately spurning the drug and begging for it, until the nurse was almost beside herself. But the long night ended. Exhausted, I watched the first rays of the morning sun fall across the flamboyants by my window. I had not licked the enemy yet, but I had defended my position. I never took morphine again.

Lora Hughes is greatly impressed by the self-sufficiency of today's nurses. "You are no longer missionaries but business women. But the professional care of patients is excellent. I think nurses in my day could have done away with a lot of emotion to the advantage of the patients and themselves."

Mrs. Hughes' interest in nursing began before she had ever heard the word, when she was a six-year-old on a Kansas [Continued on page 54]



A World's-Eye View of Health

by Elmira B. Wickenden, R.N.

Executive Secretary, National Nursing Council, and
Adviser Delegate, International Health Conference

A WORLD HEALTH ORGANIZATION will be a reality, it is hoped, within the next twelve to eighteen months. There are two important steps for nurses to take, meantime, both of which should be discussed widely and thoughtfully. These steps are:

1. Determine relationships between, first, the International Council of Nurses and the World Health Organization and, second, the respective national nursing organizations in each country and that country's World Health Organization delegates.

2. Plan how nurses shall participate in the World Health Organization program when that program is clearly outlined and under way.

Well-laid plans for *means* and *methods* of close cooperation between the World Health Organization and the nursing profession are almost certain to lead to opportunity for satisfactory participation in program. Therefore, taking the second step depends upon the success of the first.

It would seem that nurses should take the initiative about suggesting what those relationships should be. The World Health Organization is built on a broader base than any similar plan heretofore attempted. Therefore, while broad principles are being translated into program by the current Interim Commission (appointed by the International Health Conference to complete preparation for the first meeting of the Organization), it cannot be expected that much attention will be paid to the type or degree of participation in the program by any professional group. It beehoves us to think for ourselves.

The Charter, adopted last month by the International Health Conference, provides for close working relations with non-governmental groups.

Formal suggestions for nursing relationships

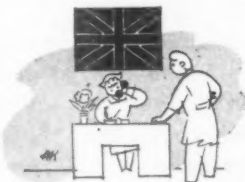


might include requests to the Interim Commission, or to the World Health Organization after it convenes, for:

1. OBSERVER OR ADVISER STATUS IN THE WORLD HEALTH ASSEMBLY.
2. A NURSE CONSULTANT OR DIVISION OF NURSING WITHIN THE SECRETARIAT OF THE CENTRAL OFFICE.
3. REPRESENTATION ON THE REGIONAL COMMITTEES.
4. A NURSE CONSULTANT OR DIVISION OF NURSING WITHIN THE REGIONAL SECRETARIAT.
5. NURSE REPRESENTATION ON CENTRAL OR REGIONAL COMMITTEES SET UP PERMANENTLY OR TEMPORARILY TO DEAL WITH PROBLEMS WHICH INCLUDE NURSING EDUCATION AND NURSING SERVICE.

It is too early to know what program will be accepted as the initial effort of the Organization. We can be fairly certain that many important aspects of such a program will require nursing participation. Standards of nursing care throughout the world differ widely. In this country, fortunately, we have progressed further in bringing our nursing service to a level where it serves our nation well than have many of the war-devastated lands, where the need is far greater for the contribution that nurses can make. Only as we are forward-looking now and make it our responsibility to be in a position to work beside other health professions in the projected world-wide program, can we give our best help to a stricken world.

Some of us may feel that we have problems enough within our own land at this moment in our profession's evolution. Since, however, disease and unhealthful living conditions do not respect national frontiers, we shall have to accept the greater responsibilities which the World Health Organization recognizes. NO NURSES IN THE WORLD HAVE SO GREAT AN OBLIGATION, FROM THE POINT OF VIEW OF PREPARATION AND NUMBERS, AS THOSE OF US IN THE UNITED STATES.

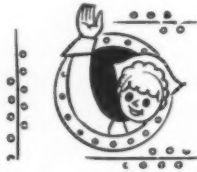


"OPERATION SU

by Lieut. Comdr. Erma Richards, (N.C.) U.S.N. by L

ANTICIPATION MAY BE a pleasurable sensation but it also may be one of dread. The nurses on the *Benevolence* experienced all the variations of anticipation, from the date they first learned the ship was assigned to Operation Crossroads until the time, months later, when the bomb actually was dropped.

With all the long period of wait-



ing, we had ample time to prepare for any emergency. Only 12 of the 17 wards were in use at the time and none except the orthopedic ward had many patients. Four of the occupied wards were designated to take the four types of injuries which might be expected—burns, fractures, general injuries and shock or resuscitation cases. The four wards and the dressing rooms attached to them were especially equipped for the type of patients expected in each.

We were ready to take from 500 to 750 patients when Able Day arrived. But we had no casualties! Not even one! Usually a hostess is disgruntled if she prepares for guests

and they fail to come but we on the *Benevolence* were very happy to find that the preparations we had made were not needed.

The test was scheduled for 9 A.M. and about 20 minutes earlier, a group of us who could leave their work assembled on the two top decks. At two minutes to nine, we were told to face away from Bikini, look down at the deck, close our eyes, bend the right elbow and cover the face with the arm. We could hear the plane faintly and then the exciting cry: "Bomb away." In a very few seconds many of us saw a bright flash, and then we were told to look.

Away over on the horizon black smoke was beginning to rise, followed by [Continued on page 82]

As a member of the press contingent at Operation Crossroads, I can say quite objectively that the nurses of the U.S. Navy earned not merely the distinction of being the only women to witness the atomic bomb tests, but made a genuine contribution to the enterprise as well. They worked diligently to keep the men fit for the gigantic task ahead and, when illness or accident struck,

ION SUCCESSFUL"

U.S.N. by *Lieut. (j.g.) Ann Marie Gill, (N.C.), U.S.N.R.*

ON ENTERING BIKINI, all hands were out on deck to view the 73 target ships as well as all other vessels in Joint Task Force No. 1. One week prior to the test, we went out to sea about twenty miles for rehearsal. This was known as Queen Day. While out there we had medical conferences where doctors discussed the treatment of possible casualties.

Three days later we returned to Bikini lagoon to await Able Day. Meantime, nurses went ashore on their liberty days. Recreational facilities were very few but we did enjoy swimming and met many scientists, senators, foreign observers, and writers. Another enjoyable event was our initiation into the Bikini Guinea Pig

helped restore them to duty as quickly as possible. The nurses were attached to the U.S.S. Benevolence and the U.S.S. Bountiful, hospital ships of Vice Admiral W. H. P. Blandy's huge fleet. I am glad to pass along to R.N. these eye-witness accounts from two of the nurses who were there.—GERALD G. GROSS

*Staff Correspondent
Washington Post*

Order. We were happy to be in Sty No. 1, which was the first group to join the new organization. These were the little things which helped make our stay in the Marshall Islands fairly pleasant.

On Able Day everyone including ambulatory patients were assembled out on deck. A half hour before H-Hour, all hatches were closed be-



low the main deck, all portholes above deck were opened, X-ray material was placed on the outside bulkheads to test any radioactivity that might be collected.

Then the blast! Even through bended elbow, a slight flash could be seen. When the "All Clear" signal was given, we saw the rising mushroom cloud which one reporter described as "a cauliflower head scrubbed white and then peach-tinted."

The same evening we returned to Bikini lagoon. It was a pretty sight, the parade of ships coming back to view the results. Our purpose was to take care of [Continued on page 82]



Hypertension





A Brief Summary of Corneal Transplantation

by *Miriam Miller, M. D.*

SURGICAL OPERATIONS for the removal of scarred and diseased cornea of the eye and replacing it with normal clear cornea were first attempted early in the nineteenth century, but it is only in the past fifteen to twenty years that many corneal transplants have been done successfully. Early reports of a few successful grafts were made late in 1800 and early in 1900 by von Hippel, Elschnig, Filatov, Thomas, and others. Their technique is in general still followed, but with many improvements and refinements in the methods of cutting the grafts, in the types of sutures used, in the instruments best suited for the operation, and in the care of the patients. In the past few years, a fairly large number of successful grafts have been made, so that the value of the operation can better be appreciated, and a good deal has been learned about the best methods of performing the operation and of obtaining and preserving the material.

CASES SUITABLE FOR THE OPERATION.—The operation is designed to improve the vision of eyes in which the poor vision is due to opacity or disease of the cornea, but in which the remainder of the eye and the optic

nerve is in good condition. Of course many eyes which have scarred cornea also have had serious damage done to other parts of the eye, so that even with a clear cornea the vision would not be improved. So while there are quite a large number of suitable cases, they must be carefully selected



Some misunderstanding has arisen in this respect so that many people expect a miraculous cure for all types of blindness. The types of cases which are most suitable for the operation and give the best prognosis are those with scars from old injuries, or from trachoma or from interstitial keratitis, or cases of keratoconus, or of blood-staining of the cornea.

In cases of corneal dystrophy (progressive atrophy or weakening), any improvement in vision is apt to be only temporary as the disease will invade the graft and cause it to become cloudy also. For good results, the intra-ocular tension should be normal and there should be no active lesion

nor infection. The results are also better if the opacity is only central, with some clear cornea surrounding it in the periphery; when the leukoma (opacity) involves the entire cornea, the graft is less apt to heal well and to remain clear. It is unfavorable if there is any vascularization of the cornea, if there are any synechiae (adhesions of iris to lens and cornea), if the tension is increased, or if the eye is aphakic (lacking its crystalline lens).

In the presence of some of these complicating factors, it may be necessary to do one or more preliminary operations before attempting the corneal transplant. In cases of glaucoma, it is of course necessary first to bring the tension down, and various operations may be required to do so. If any anterior or posterior synechiae are present, they must be freed by an iridectomy. It is also sometimes necessary to perform a preliminary iridectomy if the pupil will not dilate sufficiently well with mydriatics. If blood vessels have grown into the



cornea they should first be obliterated, usually by coagulation; otherwise they will cause the graft to become opaque.

SOURCE OF MATERIAL.—It is interesting that corneal grafts can be taken from another individual providing the donor for the transplantation is of the

same species. Also, there is no relation between the healing of the graft and the blood types of the donor and recipient.

The eye to be used as the donor may be one which must be enucleated for some reason, but which has a clear cornea—such as in the case of a tumor of the posterior part of the eye ball. Or the material may be taken from a still-born or from a recently deceased adult. In the case of an enucleation, the two operations can be planned for the same day, and the graft used immediately after removal. The corneal tissue can be kept for some little time, however, if properly cared for. It is best to use it within 72 hours, although some successful operations have been done after much longer periods of time. The eye must be removed carefully, avoiding any damage to the cornea. When post-mortem material is used, the eye should be obtained as soon as possible after death, preferably within a very few hours. The tissue must be kept moist, and various isotonic solutions have been tried, particularly serum, Ringer's solution, and normal saline solution. Normal saline usually is used. If the eye is kept in a moist chamber, it need not be immersed in the solution. It should be kept at 4° Centigrade.

During the past year an Eye Bank has been established to facilitate the obtaining and distributing of available material for corneal transplants. The headquarters for the Eye Bank for Sight Restoration is at present at the Manhattan Eye and Ear Infirmary in New York. There are a num-

ber of affiliated banks in other cities and States, and it is planned to have them throughout the country. Donor eyes, kept in saline solution at 4° Centigrade, can be brought rapidly to the Bank or sent longer distances by special delivery or airmail; preserved at the Eye Bank; and sent out from there to the hospitals where they are needed. In addition to providing a constant and readily available supply of fresh corneal tissue, the Eye Bank aims to teach and improve skill in the operation, and to make possible further research in diseases of the cornea and methods of curing them. Funds are available for scholarships for this purpose.

TECHNIQUE OF THE OPERATION.—As is the case with other delicate eye operations, corneal transplantation requires training and practice and manual dexterity. The technique varies slightly with different surgeons. Both round and square grafts have been used, but at present they are most frequently made square. The round grafts are made with a special trephine, completing the cutting with a fine curved scissor if necessary. The square grafts are marked

with a special double-bladed knife the cornea then cut through with a keratome, and the incisions completed with a scissor. The grafts vary from four to six and one-half millimeters in diameter, depending somewhat on the type of case. The piece of cornea taken from the donor must, of course, correspond exactly in size and shape with that of the recipient in order to fit perfectly. This is necessary in order to obtain rapid and perfect healing, with the least amount of scar, and also to prevent any small fistula from forming.

During the operation, the graft must be handled with the greatest care. Any injury or bruising of the tissue may cause poor healing or opacification. The fit is best if the edges are slightly bevelled. The graft is held in place by fine corneal sutures. Conjunctival flaps and other devices have been tried but found unsatisfactory. The sutures are placed in the cornea of the recipient after the outline of the graft is marked out, but before the anterior chamber of the eye is opened. They are not put in the graft itself as they would tend [Continued on page 76]



Premature

Your tiny legs are limp as thirsty vines
The ear you slept on, like a wilted leaf,
Is folded over. Flickering and brief
Though life may be, her intricate designs
From finger nail to nostril are completed
Though death a moment only is defeated.

—MERLE PERRY, R.N.

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Reviewing the News

Nurse Anesthetists

The thirteenth annual meeting of the American Association of Nurse Anesthetists will be held in Philadelphia, Pa., September 3 to October 3 in conjunction with the American Hospital Association Convention.

The meeting will be preceded by a two-day assembly of directors of schools for nurse anesthetists. A highlight of the meeting will be the presentation and discussion of the new curriculum devised by the Curriculum Committee.

Military Nurses

While civilian hospitals in almost all areas in the United States are still complaining of the shortage of nurses, both the Army and Navy have expressed the need for additional personnel to staff their installations.

The War Department has announced that it will recall 1,000 former members of the A.N.C. to active duty. Nurses who return to service will be given their choice of serving for a two-year period or serving until relieved at the convenience of the government.

The Navy, meantime, has announced that it too has need of 1,000

nurses to staff its hospitals. The N.N.C. has announced extension of the deadline for reserve nurses to transfer to the Regular Corps to October 1, 1946. Originally, August 20 had been set as the final date to file application for transfer. In addition to reserve nurses, nurses on terminal leave as well as those on inactive duty are eligible for transfer and should make application to their commanding officers on or before October 1.

In addition to caring for Navy personnel, N.N.C. nurses will care for veterans housed in Naval hospitals. There are about 3,500 of these veterans at the present time and the number will probably double during the fiscal year.

Army and Navy nurses, like other members of the armed forces, will have a new leave basis as of September 1. The new law provides that all personnel on active duty, as of September 1, will have one year in which to apply for any leave accrued through August 31 in excess of 60 days but not to exceed the previous limit of 120 days. After September 1, not more than 60 days of leave may be accumulated by any person at any time.

Nurses who have more than 60 days leave to their credit on August 31 will be paid in bonds written to the nearest multiple of \$25, with the

balance in cash. Bonds will mature in five years, and in the meantime, cannot be cashed, negotiated, pledged, or otherwise disposed of. They may, however, be used for payment of National Service or Government Life Insurance premiums by assignment to the Veterans Administration. Bonds will bear simple interest of 2½ per cent per annum, the interest, but not the principle, being taxable.

Polio Epidemic

A large-scale epidemic of poliomyelitis has been rampant in the Middlewest during the month of August and early September. Minneapolis, Chicago, and Omaha are among the cities most severely hit by the epidemic. In contrast, New York City's Health Department reported a decline in the number of cases compared to last year. According to the National Foundation for Infantile Paralysis, the week ending August 17 showed a total of reported cases in the U.S.A. more than twice as high as during the same period in 1945. This period also showed the largest number of cases reported in a single week since the epidemic of 1916.

Though the greatest number of cases of polio were reported in Minnesota, nurses have been recruited from such faraway States as Texas, Florida, New Hampshire, California, and Washington as well as from the nearby areas. "Careful and constant nursing care are extremely important factors in the care of infantile paralysis patients," declared Miss Cath-

erine Worthingham, director of technical education for the National Foundation, "The first job in polio is to save life. The nurse's part in this cannot be overestimated." In addition to the recent epidemic, outbreaks of polio have necessitated activating Epidemic Aid Units in Miami, Florida; Peoria, Illinois; and Pierre, S. Dakota while orthopedic consultants have gone out from the Joint Orthopedic Advisory Service to organize hospital and public health programs in Alabama, Texas, Missouri, and Nevada.

Almost 300 nurses from all sections of the country have been recruited by the Red Cross to serve with an additional 1,200 recruited by the National Foundation for Infantile Paralysis. These nurses from all parts of the United States have been working to aid the nurses on regular staffs of hospitals in the regions where polio has reached epidemic proportions.

Items of Interest

Dr. A. A. Bogomolets, the Russian who foresaw 150-year lifespan for the average man by the use of ACS serum which he had developed, died after a chronic heart ailment at the age of 65 . . . A wing in Walter Reed Hospital is being remodeled for the emergency use of the Truman family. Consisting of a bedroom, living room, and reception room for the President's personal accommodation, the suite has four additional bedrooms, two sitting rooms, a diet kitchen, a solarium, and a room for guards. It is estimated that the wing

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will cost \$148,000 . . . The New York City Commissioner of Licenses has been making a concentrated drive against employment bureaus and registries who misrepresent or do not sufficiently check the back-



grounds of employees. Several commercial nurses' registries have been investigated on the complaint of the president of the New York State Nurses Association, Clare M. Casey. In one case, an agency under investigation asked to voluntarily close and two more have had their licenses revoked or suspended for sending out as registered nurses women who did not possess the necessary qualifications or registration.

No Security

Eased through Congress just before adjournment and approved by President Truman on August 10, a modified Social Security Act amendment excludes most nurses from its provisions.

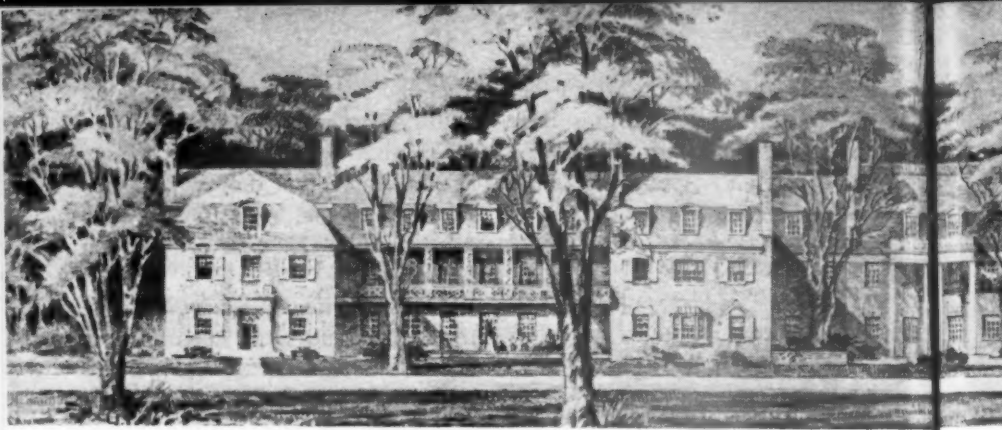
Although amendments were originally proposed to extend the Act to the self-employed and to employees of local government and nonprofit institutions, these provisions were abandoned before the amendment was passed. As most nurses come into

either the self-employed or nonprofit institution groups they will be glad to hear that both House and Senate have indicated that they will reopen the whole social security question when the new Congress convenes in January.

The amendments approved by the President extend social security coverage to survivors of service personnel who die within three years after separation from military service, provided the survivor is not entitled to Veterans' Administration pension. Old age and dependent children's benefits are slightly increased and unemployment compensation is extended to merchant seamen under the amended act.

People

Lieut. Commander Myrtle N. Kinsey, chief nurse of the United States Naval Hospital at San Diego, California, was promoted to the rank of Commander on August 1. This promotion brings the number of commanders in the N.N.C. up to four . . . Captain V. Lucka of Youngstown, Pa. has declined an Army discharge so that she may continue teaching nursing to native Korean women. Marie Schultze, American nurse working in Santiago, Chile, has received the Chilean government's highest decoration for foreigners, the Orden al Merito. The award was made in recognition of her work in cutting the average Chilean infant mortality rate of 21.7 per cent to less than 2 per cent in the 8,000 deliveries which she supervised.



Preview of Tribute— The New National Nurses' Memorial

ALMOST A REALITY is the new National Nurses' Memorial honoring all nurses and medical women who have served in the armed forces—Army, Navy, or Air Corps—during time of peace or time of war. Previewed here are the reproductions of the Memorial Building and grounds as designed by Jarrett C. White, architectural advisor to the National Nurses' Memorial Committee.

This memorial corresponds to the men's Army and Navy club and is to be located in Washington, D.C.

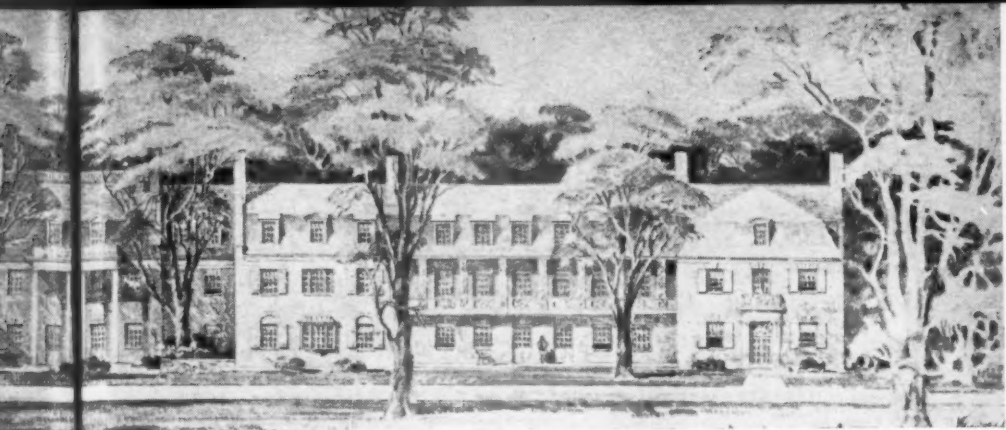
Various gifts may provide: library, \$100,000; memorial auditorium or dining room, \$50,000; main lounge, \$25,000; kitchen, \$15,000; drawing room, \$5,000; sitting room, \$1,000; bedroom, \$500; service room, \$250.

In Arlington Cemetery stands an impressive statue, a memorial to World War I service nurses, but this

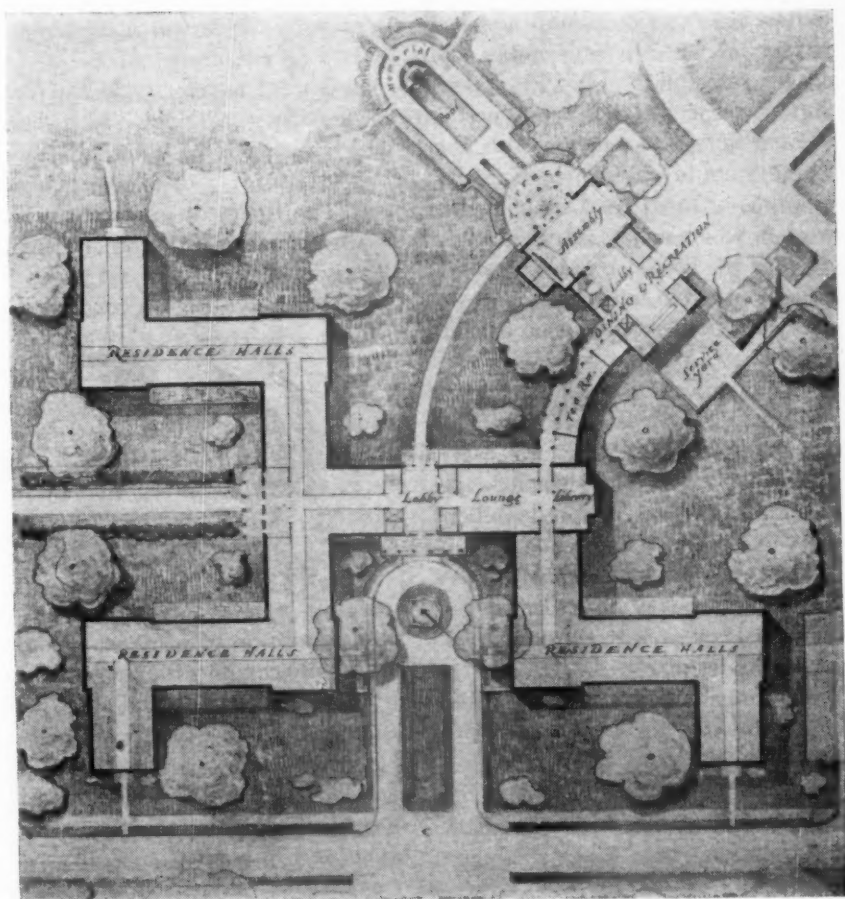
new project is a "living" utilitarian tribute. It will have sleeping accommodations for at least 300 women; dining facilities for several hundred; assembly rooms, central lounge, and a professional library.

In addition to this pleasant rambling building which 100,000 medical service and ex-service women will be eligible to enjoy as a transient home, there will be loan funds available, interest free. Nurses, women doctors, physiotherapists, and dietitians, in need of funds may borrow on these loans to further their education or training.

From the West Coast comes word that a nation-wide drive is in action as of September 16th to raise \$9,000,000 for the rehabilitation and loan fund and \$2,000,000 for the residence, through contributions at large.



Finished building exterior and grounds will look like this.



Some Legal Aspects of Professional Nursing

by Christine R. Kefauver, R. N.



MORE THAN ALMOST any other professional women, nurses should be familiar with the law as it concerns us and our work. Of course, the law differs in every State, and not even lawyers are, or can be, familiar with all phases. But we should at least know the specific laws which pertain to us as nurses, or which are peculiar to the State or city in which we live or work, or to the particular type of work in which we are engaged. Ignorance of the law is no excuse and will not save us from the consequences of our acts whether of omission or commission.

In this series of articles I shall treat principally of the laws of New York State and City, but there are a few basic legal principles which apply generally. Perhaps a few definitions will serve to illustrate my meaning:

The wrongful acts of which we may be guilty may be either civil or criminal. Let us first consider those which are criminal.

A "crime" is an act or omission forbidden by law, and punishable upon conviction by:

1. death; or
2. imprisonment; or
3. fine; or
4. removal from office; or

5. disqualification to hold any office of trust, honor or profit under the state; or
6. other penal discipline.

DIVISION OF CRIME: A crime is:

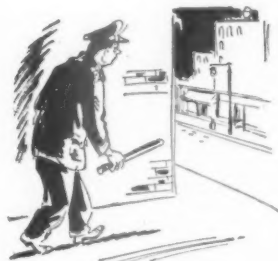
1. a felony; or
2. a misdemeanor.

FELONY: A "felony" is a crime which is or may be punishable by:

1. death; or
2. imprisonment in a state prison.

MISDEMEANOR: Any other crime is a "misdemeanor."

PRINCIPAL: A person concerned in



the commission of a crime, whether he directly commits the act constituting the offense or aids and abets in its commission, and whether, present or absent, and a person who directly or indirectly counsels, commands, induces or procures another to commit a crime, is a "principal."

ACCESSORY: A person who, after

the commission of a felony, harbors, conceals, or aids the offender, with intent that he may avoid or escape from arrest, trial, conviction, or punishment, having knowledge or reasonable ground to believe that such offender is liable to arrest, has been arrested, is indicted or convicted, or has committed a felony, is an "accessory" to the felony.

ATTEMPT TO COMMIT A CRIME: An act, done with intent to commit a crime, and tending but failing to effect its commission, is "an attempt to commit that crime."



Perhaps the crime most frequently participated in by a nurse is that of aiding a physician in the performance of an illegal operation. The most common illegal operation is abortion. Others are plastic surgery to remove distinguishing characteristics of a criminal to enable him to escape detection, or the sterilizing of a patient where such sterilization is not a medical, surgical or psychiatric necessity, or where the subject is not aware of the consequences of the proposed operation. In the latter circumstances, the operation is illegal, even though the subject gives written consent if she has no understanding of the matter to which she consents.

In the case of an abortion, the nurse is guilty of a crime if she only sends the patient to the doctor and makes arrangements for the operation even though she is not present at the operation. Again, suppose a nurse has a house which she owns or rents and to which doctors for whom she works send patients to convalesce

after operations. If she receives such a patient knowing such patient to have been the subject of an illegal operation, she is as guilty as the doctor who performed the operation. "Knowledge" in the above case is a matter for the court to decide. If, by the exercise of ordinary observation or inquiry the nurse should or could have known that an illegal operation had been performed, the courts will generally impute knowledge to her.

Suppose you are employed by a physician as his office nurse. You are in charge of his drug supplies, and in many instances administer same. You notice he has an unusually large supply of narcotics. Soon you notice the easily recognizable symptoms of drug addiction on many of his patients. You note some who come regularly for the administration of narcotics or to obtain prescriptions to be refilled for narcotics. Your experience should



enable you to decide whether the physician is engaged in illegal traffic in narcotics. If you are convinced that he is, and you remain and continue to carry out his treatments, you will be considered just as guilty as he when and if he is arrested and brought to trial. Your only recourse is to resign. [Turn the page]

In such a case, this question may arise—should you report the matter to the authorities? This is a matter for you alone to decide. It is fraught with considerable danger to you. Are you *sure* the doctor is acting illegally? The patients may have chronic conditions entailing great pain and suffering, such as cancer or advanced T.B. The doctor may be within his rights in providing such patients with narcotics over extended periods of time even though they may have become addicts. If so, and he continues to supply them, and you wrongfully accuse him to the authorities he will have an action for libel against you or for punitive damages if his professional reputation is injured. So you must be very, very sure before taking such a drastic step. Perhaps it might be well to take the matter up with the doctor himself and tell frankly

what you suspect. It may cost you your job, but if what you suspect is true, you will leave anyway, and there is always the possibility that there may be some legitimate explanation for the situation with which you are confronted.

Now suppose the worst happens and you are arrested with the doctor for whom you work. Say, an illegal operation case. What are your rights in such circumstances? You should insist on being represented by counsel and act in strict accordance with his advice. Above all, tell your counsel the whole truth. How you came to be employed; whether you knew the nature of the doctor's practice; whether you participated in it (by recommending him to patients, helping him with operations, administering emmenagogues, caring for the patient afterward, [Cont. on page 68])



"Olivette got the idea in the South Pacific that water tastes better from her cap."

Calling All Nurses

NURSES WHO WANT to locate friends whose addresses have been recently changed or become lost during the past few years may submit for publication, without charge, a short notice of about 75 words "calling" for information about any other registered nurse.

FAYE YVONNE HUDAK: Former Army Nurse Corps captain. I am most anxious to contact her. Can you assist me? Mrs. M. R. Reichmann, 45 Rutgers Ave., Jersey City 5, N.J.

FLORA (GLORIA) BLADO: Graduate of Cook County, Chicago, about 1923. Continued on at Cook County until sometime in 1935 or 1936. Since that time I've lost her. Please help me find her. Mrs. R. G. (Mabel) Jennings, Minden, Nevada.

GENEVA JENKINS: Finished training at Johnsontown, Tenn. Worked at Polyclinic Hospital in New York City about 1938. Later joined the A.N.C. Heard she was taken prisoner by the Japs during the battle of Bataan. Please write to Lola Hodge, 320 Cherry St., New York City.

LT. HAZEL LAIRD: Last heard of at San Diego, Calif. Her home is somewhere in Chicago. If whereabouts are known, please notify Charlotte Tate, 1543 Scott St., Covington, Ky.

MARION R. FITZGERALD: Formerly of Rochester, N.Y. Recently discharged from 115th Evacuation Hospital Unit. Serial No. 775756. If you

know her whereabouts, please communicate with Mrs. Esther Fitzpatrick Schmutz, 525 Main St., Northport, N.Y.

CAPT. MARY D. KOKOL, A.N.C.: Last heard of at 125th General Hospital, APO-519A, c/o Postmaster, New York, N.Y. Won't you please get in touch with me? Ruth E. Reinhold, 944 Buchanan Ave., Lancaster, Pa.

PEGGY RAPP: Your former roommate at Garfield Hospital, Washington, D.C. in 1939, would like to hear from you. Louise Newkirk Gatlin, Route 1, Lamar, Colo.

MAJ. GRACE H. RICKERT, A.N.C.: Formerly of Station Hospital, Fort Story, Va. Would love to hear from you. Heard you were home. Please write Lt. Ella Y. Sommer, A.N.C., Tilton General Hospital, Fort Dix, N.J.

GRADUATES OF HUNTSVILLE HOSPITAL: A "Homecoming" for all graduates is being planned for October and we would like to hear from as many graduates as possible. Mrs. Charles Lipscomb, 204 West Clinton Street, Huntsville, Ala.

"No Time for Tears"

[Continued from page 35]

homestead. Her mother helped the neighbors for miles around in emergencies. After watching such a session, Lora said: "When I grow up I'm going to tie salve on people, too, and make them well." By the time she was 10, she had learned to make mustard plaster, bread-and-milk poultices, and to give infants injections. "We never called them enemas in those days."

She learned to be curious about other things too. On the way to a picnic, the family walked through the red-light section of a town. "I asked Mama about the houses and pretty women. She looked embarrassed. 'They're fancy women,' she replied, and changed the subject abruptly. The term meant nothing to me. I thought it charming. When at last, as I grew older, it dawned on me what their business was I was shocked, but consumed with curiosity."

Years later, as a nurse in a Western city, her opportunity to learn something about fancy women came when an epidemic of measles broke out in

the red-light section. She was assigned by a physician to take charge of one of the houses. The "madame" was a great blowzy creature who "appeared to be a series of steadily augmented chins clear down to her knees." She was mad at this invasion of her house by an uppity nurse and didn't hesitate to show her belligerence. Mrs. Hughes talked right back to her and she calmed down, even grinned. But "the girls" were not so easily won over. Their first dinner together got off to a bad start.

It was an absolutely frozen atmosphere. The girls passed me the food, but no one talked, and it was depressingly stiff and strained.

Just at this point Madame lifted a glass to me. "Here's to you. I hope you don't mind if we drink. I'm not offering you any liquor, as I know you'd be insulted."

"I certainly would if you offered me anything that tame!"

She gaped at me in astonishment. Then malicious relish lighted her piggy little eyes. "Whiskey and soda," she called to Sadie, who was shuffling through the swinging door. A quick stir of interest ran around the



NURSE, MY FEET ARE
ALMOST KILLING ME

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NURSE.....

ADDRESS.....

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table. I felt the question in the mind of every girl there. Sadie brought the bottles from the sideboard and looked at me inquiringly.

I was never affected by liquor in moderation except on an empty stomach, and now it was empty. What if the stuff should go to my head? I'd have to risk it, for this was necessity.

"Three fingers," I said casually. "Neat."

Stunned silence held the table as I smacked it down. "Lord!" I exclaimed. "That's good stuff."

The change in the girls was immediate. The atmosphere cleared and they talked and laughed and began asking me questions about the hospital and nurses—where we slept and what we ate and what all we had to do. Dinner was really a pleasant meal. The whiskey didn't affect me at all, fortunately. They offered me more, but I told them it was strictly against the rules for me to drink on a case.

The girls' personalities fascinated Mrs. Hughes. One asked her, "You offer your hand to a man, don't you?" as though explaining her casual moral attitude.

Mrs. Hughes has strong likes and

dislikes about nursing. She never cared for obstetrics or mental cases. Once, while she was sitting on the porch of a mental institution, an inmate came up and began picking the hairpins out of her hair, while another said: "You sit right here and I'll be down in a minute with the whitewash brush." Mrs. Hughes did not wait.

Pneumonia, typhoid, and serious surgical cases were her meat. "When I was nursing, people were ill and poor and needed you. Nurses were not called in unless the patient was about to die." There was young Eddie, in Montana, who was going to die of typhoid. To Mrs. Hughes, it soon became obvious that Eddie, the son of a ranch family, didn't care much about living. He'd been engaged to a neighboring girl, Muriel, and Muriel had exercised the age-old privilege of running away with someone else. When Eddie caught typhoid he went downhill rapidly.

As time went on, Eddie called incessantly for his sweetheart. "Muriel! Muriel!" I never failed to go to him. And then one night, as we were beginning the thirteenth week, I knew

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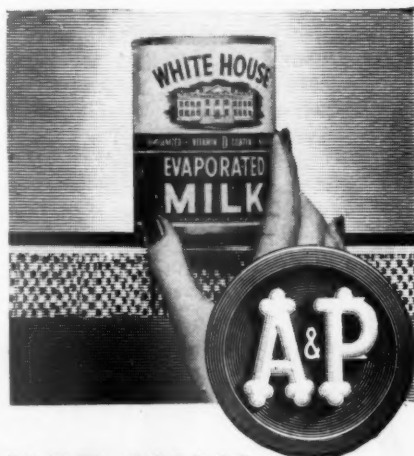
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the end was near. "He can't go on now more than a few hours," I said to Mack. He nodded in agreement.

"I'm going to bunk down here on the couch tonight," I told him. "We may both be needed."

I lay down fully dressed and had just fallen into a belated doze when Mack called. I opened my eyes to see him holding the boy as he struggled to get out of bed. Eddie's mouth was stained with blood from a throat hemorrhage. He opened his eyes and saw me bending over him.

"Muriel—you're beautiful. Kiss me!" His voice was a mere whisper.

Touching his raw festering lips even with my fingers had made me recoil. But this was the end. I stooped down, shut my eyes, and kissed him.

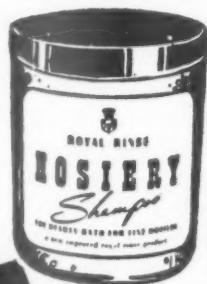
"God!" Mack breathed.

After "No Time for Tears" had been published, Mrs. Hughes necessarily had to forego the exhausting receptions, cocktail parties, and public appearances which are part of the fun for most authors. She even refused to install a phone in Folly-on-the-Shore. As a result, so many admirers of her book drove out to call on her that she was deprived of much needed rest. But she isn't a bit unhappy about that. "Next book I write," she says, "will be called 'No Time for Naps.'"

[Don't fail to read "No Time for Tears." It's the best-written record of a long and fruitful life in nursing that we've seen. If you've time for a note we know Mrs. Hughes would enjoy it.—THE EDITORS.]

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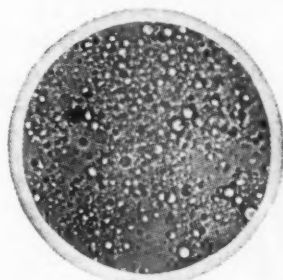
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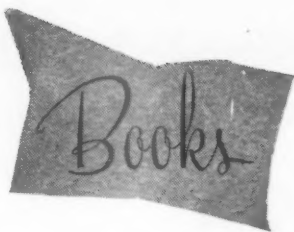
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OBSTETRIC NURSING

By Frederick H. Falls, M.D. and Jane R. McLaughlin, R.N.

The C. V. Mosby Company, St. Louis, Mo., 1946. First Edition \$3.50.

- The need for nurses to be well informed on this subject is discussed before the anatomy and physiology for human reproduction. The authors then present a clear picture of normal pregnancy through delivery, followed by abnormal aspects of delivery and pregnancy. The book is well illustrated with drawings and color plates and presents an up-to-date text on obstetrics and the nurse's responsibilities in connection with this specialty.

LIPPINCOTT'S QUICK REFERENCE BOOK FOR MEDICINE AND SURGERY

Compiled by George E. Rehberger, M.D.

J. B. Lippincott Company, Philadelphia, Pa., 1946. Thirteenth Edition. \$15.00.

- A complete and well indexed reference for the nurse who wishes quick facts on disease and its treatments. Beautifully illustrated with color plates, this book would be a valuable addition to any hospital library or public health nursing office. The alphabetical list of drugs and dosages is up to date and the

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anatomical references are organized for maximum ease in locating information.

MEDICAL ETHICS FOR NURSES

By Charles J. McFadden, Ph.D.

F. A. Davis Company, Philadelphia, Pa., 1946. First Edition \$3.00.

- A guide to the deportment and behavior of Catholic nurses, this book goes from fundamental behavior to the nurse's duties in connection with the last Sacrament. It is largely devoted to the church's attitude toward birth control, contraception, and abortion. The church's views are set forth in understandable and clear language.

SOCIOLOGY AND SOCIAL PROBLEMS IN NURSING SERVICE

By Gladys Sellew, R.N., Ph.D. and Paul Hanley Furfey, Ph.D.

W. B. Saunders Company, Philadelphia, Pa. 1946. Second Edition, \$2.75.

- The first chapters in this book are devoted to an evaluation and study of trends and factors in the com-

munity and its social planning and obligations. Subsequently, the authors discuss medical social problems and their effect on the economics of the families with whom the nurse will come in contact in the hospital and in the public health field. An outline for teachers, separately bound, gives background for using the material advantageously.

THE DIAGNOSIS AND TREATMENT OF PULMONARY TUBERCULOSIS

By Moses J. Stone, M.D. and Paul Dufault, M.D.

Lea and Febiger, Philadelphia, Pa., 1946. First Edition, \$3.50.

- The etiology and history of tuberculosis, together with its pathology, are discussed as a preliminary to a detailed discussion of diagnosis and treatment. The chapters on differential diagnosis and social aspects of the disease are especially informative in view of the newer concepts of the disease. The illustrations are well reproduced and integrated in the text.

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5. Krantz, J. C., & Evans, W. E., *J. Pharmacol. & Exper. Therap.* 85:324, 1945

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Carbonated Beverages

ASK MOST AMERICANS why bottled carbonated drinks are so popular and the answer will be that they "taste good," or that they are "refreshing." Both facts are indisputable, but the growing use of these drinks in the sick room must obviously have a deeper and more scientific meaning.

Leading physicians are consistent in holding a favorable view toward the use of the drier carbonated beverages. Older medical writers often prescribed champagne or brandy and soda to relieve nausea and vomiting, and light wines were recommended to relieve debility. This practice is still common in Europe, but American physicians suggest carbonated water and gingerale more frequently than the sparkling wines.

The general formula of any carbonated drink is simple. To the prepared water is added pure sugar, fruit acids, and other flavorings. These beverages are placed in the category of food and as such their preparation is supervised by the Federal Food and Drugs Act. They help solve the problem of recommended fluid intake by providing a means of ingesting the liquid in a palatable and wholesome form. In addition, they contain sugar in its invert or predigested form and may be rapidly and easily assimilated to give a source of quick energy.

Carbonated drinks are used post-

**RELIEVES CONSTIPATION
WITHOUT IRRITATION . . .**

Schematic section of villi showing fluid exchange system through blood vessels whereby water is drawn into the bowel to help form "liquid bulk."



SAL HEPATICA'S Liquid Bulk creates Gentle but Effective Pressure

For gentle yet speedy relief for constipated patients, more and more physicians turn to SAL HEPATICA.

An effervescent, saline laxative, SAL HEPATICA has achieved an enviable position because it follows nature's own methods, utilizes the gentle pressure of "liquid bulk" to stimulate peristalsis.

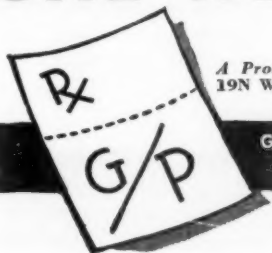
When SAL HEPATICA is administered, a large amount of water is retained in the intestinal tract. This exerts a gentle pressure which leads to a speedy expulsion of the colonic contents . . . usually within an hour.

For quick relief for constipated patients, remember SAL HEPATICA.

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operatively to allay nausea that may follow surgery when hyperacidity is present. The same patient may need the quick energy supplied by the invert sugar content or the diuretic action which is provided.

To improve the eye-appealing quality of a patient's tray, many hospitals substitute sparkling beverages for the liquid ingredient in gelatine and frozen desserts. By adding fruits and vegetables to such mixtures the capricious appetite of a convalescent patient can be tempted.

Frozen carbonated beverages also please the palate and give variety to liquid diets, and hot gingerale is helpful and easily prepared. The beverages may be used as carriers of additional food values, such as milk and cream, and patients who cannot tolerate the bland flavor of the dairy products will often take the necessary nourishment when it is mixed with a sparkling base.

Carbonated drinks are excellent disguises for medicines with objectionable flavors and when patients must take large amounts of raw liver they appreciate having a carbonated beverage served as an accompaniment to the not-too-palatable fare.

The more recent work on these drinks is concerned with gastric emptying after oral administration of drugs. Few drugs are directly absorbed from the stomach but the rate of therapeutic response is often dependent upon emptying time of that organ. Salicylates and sulfonamides owe their efficacy to the concentration that develops in the blood and the speed of emptying affects the value derived from them. In a study reported in the *New England Journal of Medicine*, the physicians used carbonated beverages to decrease emptying time of the stomach and thus obviate variations in the rate and partially help to overcome some of the handicaps of oral therapy. The effect was believed due in part to the presence of weak alkaline salts and in part to the production of carbon dioxide.

Many scientists are determined to find the basic reasons for the results attained by American bottled beverages. There is no doubt that more reports will reach the medical journals and that studies will further clarify the reasons for using these beverages in routine care of patients.

—CAROLYN VALENTINE

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			650 cu. ft. 600 lb.	55 cu. ft. 500 lb.

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Some Legal Aspects

[Continued from page 52]

disposing of the foetus afterward, failing to submit a certificate of foetal death to the Department of Health); whether you acted with full knowledge and of your own volition or under duress. Do not conceal *anything* from your attorney. He cannot help you if he does not know the facts. When you are on the witness stand watch your attorney. Do not answer any questions to which your attorney objects, until the judge has ruled and ordered you to do so. Remember you cannot be forced to testify against yourself. If you feel the question would tend to degrade and humiliate you, your attorney will object on that ground, but should he fail to do so, you may refuse to answer on that ground. Do not volunteer opinions. Do not quote anything the patient or anyone else said. Do not voice a medical opinion.

These warnings apply not only here but in all cases where you are called as a witness, whether the case is civil or criminal, and will be repeated in future articles of this series.

INDUSTRIAL NURSES: The Western Massachusetts Industrial Nurses' Club, celebrating its Silver Jubilee, will act as hostess club for the 31st Annual Conference of the New England Industrial Nurses' Association, October 26 to 27, 1946, Hotel Kimball, Springfield, Mass. (Mrs.) Ella MacDonald, Wm. Skinner & Co., Holyoke, Mass.

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Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic disease. Mazon is anti-pruritic, anti-septic, anti-parasitic. *It is easy to apply and requires no bandaging.*

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Be More Democratic

[Continued from page 31]

We all of us honour the sisters of former times, who scorned delights and lived laborious days. Time and again one has heard of a sister the remark, "she would have made a good wife." But it is not fair to expect women to sacrifice their whole existence and deny themselves the happiness of married life and the happiness of children. In order to marry, however, they must have opportunities to find their mates; and though we need not act as marriage brokers, we must see to it that these girls have such opportunities in their social life. Marriage has hitherto robbed us of their hard-gained experience, judgment, and wisdom. It is always argued against their employment in hospitals after marriage, that in nursing "the night is joint labourer with the day." That is true, but if a doctor can work all day in hospital and go home to his fireside and his family, so can the sister of the ward.

There was a time when nursing was regarded as a divine vocation. Some people with surface piety still

maintain that if the nurse hasn't this spiritual urge we don't want her. But my belief, after talking to these girls, is that they hear the call of talent: they have an innate knowledge of what they will excel at, of what will give them pleasure and joy—and that after all is the final test of achievement in any activity. I would deny that they are less sincere than their forerunners in their tenderness and sympathy; they are prepared to work as hard for the very ill, and their desire to serve is as great.

We must remember they enter the wards young. What do they meet? Their welcome is certainly not a warm one. Hardly ever introduced to the doctors, they are handed the most menial of duties, come constantly under the tongue of criticism. Scorn and indifference can kill the sweetest and most enthusiastic of souls; it is frost to the flower. They have too much work to do to enjoy the pleasures of the personal nursing of the patient.

The nurse must have time to linger, to talk and even gossip: that is the way she will get to know the little whims, gather the fears. Hon-

"Brooklyn, N.Y., July 3, 1946

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Signed..... R.N.

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ARRID

MORE NURSES USE ARRID THAN ANY OTHER DEODORANT

est reassurance is a fundamental step in restoring the patient's health: how much do we teach her about how to talk to the patient—when to chide him, when to encourage him, and even when to act her part? We rely on her feminine intuition—whatever that may be—in the handling of men.

No one can really talk intelligently and with assurance to the patient unless she understands something of the illness. That is where we doctors have been so neglectful. We do not explain to her in detail what is wrong, and what we want her to do; we are apt to chatter that a little learning may be dangerous, and that the girls might be tempted to take on too much. The best way to cure irresponsibility is to give responsibility.

The junior nurse should not be

kept for many months in one ward, with one type of case. The nursing and weekly medical journals should be readily available to her. She should be able to approach the doctor direct without quaking, and be accepted as part of his society.

Some nursing conditions seem to be unnecessarily unpleasant; we had better admit that some of the work we ask nurses to do we would not do ourselves. Ask the doctor to see a bedpan in a sluice-room and see how quickly he hops out; yet we expect these girls to accept old-fashioned equipment and unpleasant smells; and if they object, we taunt them with lacking the nurse's soul.

Here I must cast a small kindly pebble at the sisters themselves. I would like to see them cast aside the

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EVERY nurse knows the special importance of scrupulous skin cleansing and care in these busy, grimy, war-time days.

But what can she do if frequent washing seems to dry and roughen her skin—then cracks, chaps, chafes, and simple rashes often appear? Let daily use of Resinol Soap and Ointment be the answer, and see if your skin isn't soon improved and comforted.

Resinol Soap—having no excess of free alkali—cleanses the skin thoroughly, without drying its natural protective



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Resinol Ointment for the chafed spots, bits of rash or roughness, quickly allays the itchy burning as it soothes and smoothes irritated skin. Specially medicated—gentle in action—ready to help you.

Let us send you a professional size sample each of Resinol Soap and Ointment. Convince yourself how helpful they are in daily skin care. Write Resinol Chemical Co., R. N. 35, Baltimore, Md.

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present barrier of authority between themselves and the nurses. The girls are afraid of them—that is what they tell me. I would like to see a more friendly spirit and not a martial pose. I say "pose" because many garb their minds in stern tradition's clothes when they put on their uniforms, as if that were the only way to retain authority. It is the way of the world to try to grind down the many facets of human character into a dull uniformity. But I am convinced that one can retain dignity with the junior staff and yet be friendly.

I would like to see these sisters have tea with their girls, take them at least twice a day around from bed to bed, tell them about each of the patients, and show them the way to talk to sick people. It is a terrible thing to have to say that some of these sisters are themselves out of date, and that they don't relish the idea of close questioning.

It is a pity that the reward of good nursing is an administrative appointment. Administrators are a necessity, but with the years their administration is apt to become of the arm-chair type.

There is a need for regular round-table administrative meetings with sisters' and nurses' representatives present. Let them feel that they are taking an equal part in the running of the hospital; they will be proud of its good name, and do all they can not to let their side down. Such conferences will besides offer an outlet for their grievances. They would also settle the nurses' ward appointments, and decide on those to be promoted to be sisters.

Voluntary reports collected from hospital workers by their trade-union inveigh heavily against the "all powerful" dominion of the superintendent and matron. Actually their autocracy varies a great deal and there are plenty of good ones; but it would be well to remember the saying that "all power corrupts, absolute power corrupts absolutely."

As the doctor does his round, the junior nurse in charge of each patient should be at the bedside; he could do much to encourage her by telling her how neat the patient was, how happy he was with the care of the back, so that she would get some satisfaction out of her work.



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Visual Proof in PSORIASIS

Doctors from coast to coast have observed visible signs of success with RIASOL. Such evidence encourages the patient to continue psoriatic treatment.

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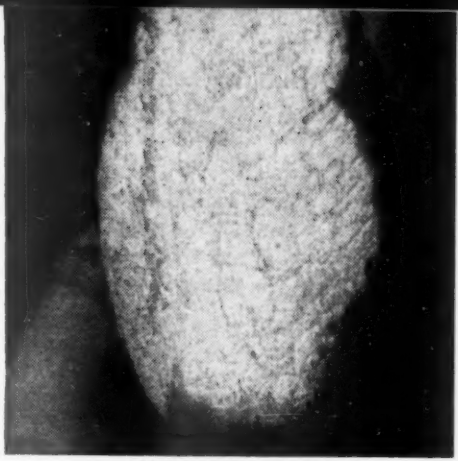
RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in an emulsifiable vehicle.

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Nurses dislike their present uniforms: these are not well cut, and matrons are hardly the people to design them. Some of the assistant nurses have a uniform which looks like a maternity gown. Young girls like to show their figures, and surely we are past thinking that is wrong.

Lastly, nurses feel that hospital dances are their own affairs, and the eye of authority watching them closely as they mince around is disturbing. Matrons are welcome, but need not sit, in uniform, on the rostrum.

It should be our aim to attract the best types of girls, including university graduates. The mould of their future teaching is now being cast. I feel that in some particulars the training of the nurse should be similar to that of doctors. Each junior nurse should have about six personal patients per ward. She should write her own histories, and have full access to the doctor's notes; she should not, as at present, have to scan them secretly. The patient is hers as much as ours.

Doctors seldom write or concern themselves overmuch with the details of the nursing problems; it has

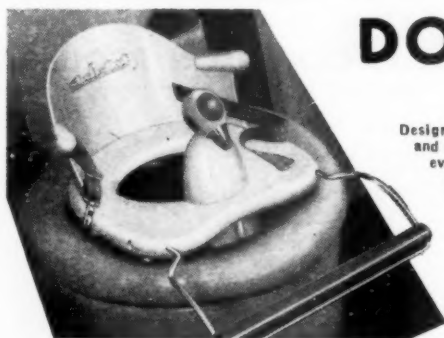
been left to the editorial pen to stir up opinion for improvement. "Progress," wrote Herbert Spencer, "is not an accident." With a changed outlook we may expect to attract many girls, including some university graduates, with a powerful contribution to make.

[Dr. Cohn's stimulating article was condensed, by permission, from the July 6th issue of the British medical journal, The Lancet. We recommend a trip to your medical library for the complete article.—THE EDITORS.]

Corneal Transplantation

[Continued from page 44]

to cause some opacification of the clear tissue. After the graft is in place, the sutures are tied across, not too tightly, over it. Different operators place the sutures in various ways, and some use two and some use only one. The most satisfactory crosses from side to side and also over the corners, if the graft is square. It is important to have the pupil of the eye well dilated before the operation in order to avoid prolapse of the iris or the formation of



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Designed to meet the training recommendations of nurses and pediatricians. Adjustable footrest aids in normal bowel evacuation. Or seat can be used on chamber so that infant plants feet firmly on floor. Duck deflector aids posture—prevents slumping forward and gives infant sense of security—something to hang on to. Sturdy. Sanitary finish. No folding devices to pinch baby's fingers.

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(Agency) Elsie Miller, Director

synechia. Care must of course be taken to avoid touching or damaging the lens. Good local anesthesia must be obtained before the operation.

After the operation, both eyes are bandaged, and kept closed for ten days to two weeks, and the patient kept quiet in bed during that time. Atropine is instilled at the time the dressings are changed in order to keep the pupil dilated. The sutures are removed after seven to ten days. The patient can usually go home after about two weeks.

RESULTS OF THE OPERATION.—About 90 per cent of the cases operated upon are successful—that is, there is marked improvement of vision. In some it is improved to 20/20, and in a great many more to at least 20/40 or 20/50, from pre-operative vision as poor as less than 20/200 or even Hand Movements. In cases which do not show such improvement, it may be due to certain complications which may arise. Some of the more frequent ones are glaucoma, adhesions of the iris to the cornea or lens, iridocyclitis, vascularization of the graft.

Postoperative complications must be treated in the usual ways. Glaucoma may be controlled with drops or may need some type of operation. The usual treatments of iridocyclitis are employed. Vascularization may sometimes be prevented by X-ray treatment or, if blood vessels have formed, they can sometimes be obliterated by coagulation.

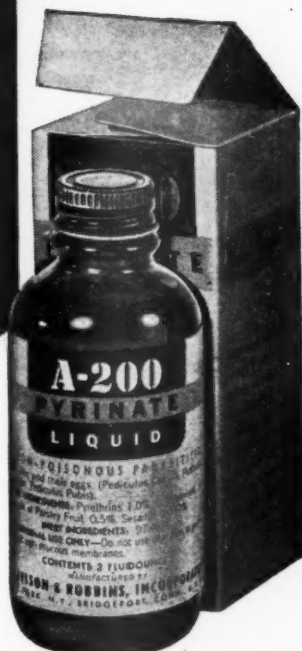
POSTOPERATIVE CARE.—As is the case with all intra-ocular eye operations, the postoperative care is of the

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greatest importance. The patients are kept lying flat in bed with both eyes bandaged for from seven to fourteen days. During this time they must have good nursing care and must be kept comfortable so that they do not become restless and move too much, causing damage to the graft. They must be bathed and fed.

As both eyes are bandaged, it is important that anyone going to do something for the patient first speak to him. Any sudden movement of the bed or patient may cause him to start suddenly and move his head or eyes. When the patient first starts to be turned and to get up, the nurses should help him so that it can be done with a minimum of effort on his part.

When he first gets out of bed he

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should also be helped, and at first should sit quietly in a chair. Sitting quietly in a chair is not apt to cause any trouble, but the effort of climbing in and out of a high hospital bed may; so, at first, the patient should be gotten up only once a day, but allowed to stay up until he is tired. Lifting, or stooping down, as to pick something off the floor, causes strain and an increased flow of blood to the head which may increase the intra-ocular tension and cause damage to the eye, and should therefore be avoided. After going home, the patient should remain fairly quiet for several weeks more. In some cases, as in keratoconus, the bandages may be left on longer, or a pressure bandage applied to help prevent any bulging forward of the graft.

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"Operation Successful"

By Comdr. Richards

[Continued from page 39]

white. A minute and a half later came the sound, a dull boom. The black smoke meanwhile had dispersed, leaving a peach-white column mushrooming to a five-mile height.

Some felt a little discomfort from pressure on the ear drums for twenty to thirty minutes after the blast. Many complained of feeling tired, probably as a result of tenseness. But the predominating emotion was thankfulness that the test had gone off as scheduled and with what looked like perfect results.

By Lieut. Gill

[Continued from page 39]

casualties. Fortunately, there were none.

When we first started out for this big event, none of us realized how great or how serious this test would be. After talking to different people who were to participate and hearing discussions among the people and, finally, seeing the results of the atom bomb, we realized what a history-making, awe-inspiring event had occurred. The sixteen of us who were aboard the *Bountiful* have learned and seen a great many things. We are proud and happy to have been chosen for Operation Crossroads, an experiment which may change the course of history and influence all the nations of the earth for generations to come.

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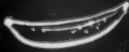
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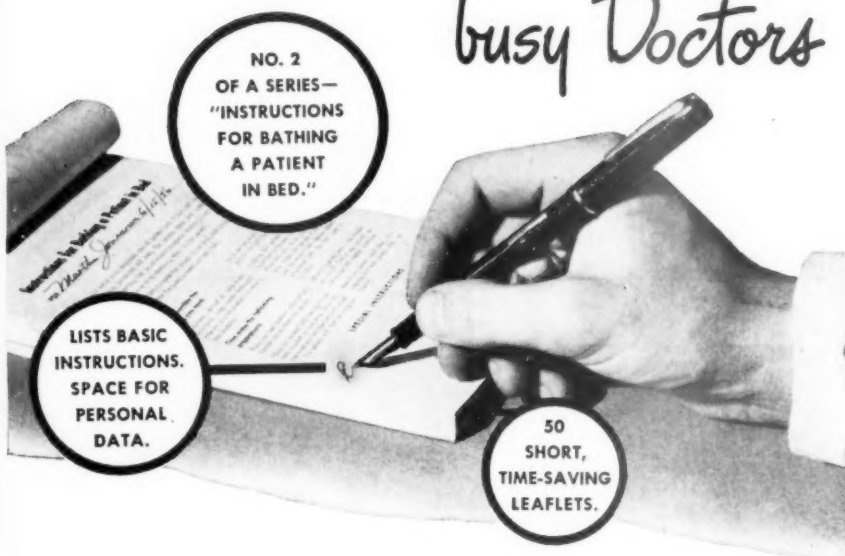


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